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ABSTRACT

This guide to including children with special needs in community programs in New Jersey begins with a history of the inclusion movement, stressing the importance of personal experiences and beliefs and ways in which inclusion benefits everyone. The following chapter provides answers to 32 frequently asked questions on successful inclusion of children with special needs in community programs. Questions address definitions, benefits of inclusion, families and inclusion, the role of the program administrator, types of community programs appropriate for these children, program evaluation tools, health/safety issues, children who require diapering, and introducing the child with special needs to the other children and their families. The following section answers nine questions on the Americans with Disabilities Act. Thirteen questions and answers of especial interest to families are offered next and are followed by questions about child care options in New Jersey. A set of questions for program administrators to raise with parents completes Section 1 of the guide. Section 2 provides extensive resource and referral information, much of it specific to New Jersey, but also including a sample Child Planner, medication guidelines, Web site resources, and a list of national disability related groups. (DB)

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SPECIAL NEEDS, SUCCESSFUL INCLUSION

ED 469 054

A Guide to Planning Community Activities for Children with Special Needs

CENTRAL NEW JERSEY
MATERNAL AND CHILD
HEALTH CONSORTIUM

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By Cynthia Newman MSW, LCSW

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A Guide to Planning Community Activities for Children with Special Needs

By Cynthia Newman MSW, LCSW

Mid-Jersey CARES Regional Early Intervention Collaborative

A program of the
Central New Jersey Maternal and Child Health Consortium

CENTRAL NEW JERSEY
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From the Author

I have had the privilege of working with and learning from families raising children with disabilities for over 20 years. Many thanks to so many New Jersey families for your patience, the lessons learned and continuing to teach me on a daily basis what true courage and strength are all about.

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Cynthia Newman

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INTRODUCTION

YOU CAN MAKE A DIFFERENCE IN THE LIFE OF A CHILD WITH SPECIAL NEEDS

"Successful Inclusion" was originally published to assist child care programs and families raising children with disabilities. The guide has been expanded to respond to additional questions that have been asked by both administrators of community programs and families with children with special needs. The guide offers clear, concise answers to some complex questions. "Successful Inclusion" can be used by community programs that want to grow their services for children with special needs. For others, it offers a place to begin. It provides families with some specific information about maximizing their child's full participation in local community programs and can assist families looking for additional social, recreational, child care, and religious activities for their children. "Successful Inclusion" offers a way for families and community programs to work together to make the experience of including children with special needs rich and rewarding for all.

Although including some children with disabilities has happened for many years in community programs such as child care centers, family day care homes, Mommy and Me classes, recreational activity centers, religious programs and library story hours, the guide will help to ensure that most children with special needs can successfully participate in local community programs with their siblings, neighborhood friends and school peers. Children with disabilities should have the same opportunities to enjoy and thrive in community programs and all families should be able to fully utilize all the services, supports, and benefits offered in their communities. How to best do this is the goal of this guide. The ideas and information contained in "Successful Inclusion" are based on personal experiences and many years of professional work with children with special needs, their families and community programs.

"Through our sameness we connect, through our differences, we grow" is one of my favorite quotations from Virginia Satir, a famous family therapist. She was wisely teaching us that our sameness provides a common thread or bond and our differences — whether based on race, class, gender or disability — provide the opportunity to grow as we learn from each other. The journey towards accepting difference is an exciting and enriching experience.

Inclusion means that regardless of individual differences, all are welcomed to enjoy community activities and encouraged to participate in community services where all children and their families live, work, worship and play. Successful inclusion requires planning and invites ongoing communication between families and community programs.

Community programs must be able to offer appropriate accommodations to meet a child's individual challenges and their services are critical to families raising a child with special needs. Inclusion of children with disabilities in community programs offers children and their families support and resources to ensure that they can do well and thrive in community settings just like their siblings and peers. As more families embrace the Americans with Disabilities Act (ADA) and Individuals with Disabilities Education Act (IDEA), they are more frequently asking and in some cases, demanding, that their children with special needs be included in all community activities. Children with special needs and their families need options and require community programs to share their vision for their child's future as active members of their communities.

> *In 1976 when my daughter, Kristen was born with Down syndrome, I was deeply saddened; not for me but for her, because I knew her life would be filled with many challenges unknown to me. Yet, I was joyful and had an overwhelming sense of love for her and from the first moment, was committed to this miraculous child to help her become all that God had intended her to be. I knew nothing about Down syndrome. All I knew was that she was beautifully made, a human child, a gift from God and my very precious daughter for whom I was to provide and nurture. I felt, "it's you and me babe" and even wondered why God loved me so much to have sent Kristen to me.*
>
> *But three months later I learned not everyone shared my beliefs. My sister, thinking she was supporting me, mentioned that her neighbors, a physician and his wife, had just had a baby boy with Down syndrome. They had placed him directly in an institution from the hospital — believing the child would be a stigma to their other children. I cried for that child and I could cry now as I think about what was and what could have been. And, sadly, this was not an isolated situation back then. Other young mothers were told things such as their child was a "bad baby" and to "put this one away, you're young and you'll have others." Thank God for these young mothers — they didn't listen and are in many ways responsible for the changes that have taken place.*
>
> *Today in 2002, Kristen, who is 25, works for an architectural firm and is also a preschool gymnastic instructor's aide at the local YMCA. She lectures monthly in church and is a sought-after speaker who gives inspirational and educational speeches on living with Down syndrome. As an accomplished athlete she has won first place in both mainstream gymnastics and figure skating competitions. In figure skating, along with her partner, Kristen is half of the world's best-handicapped pairs figure skating team. Not only in sports has Kristen accomplish more than "the experts" believed possible, but in life itself — and she's not done yet!*
>
> *— Pat C*

A LITTLE HISTORY

Our society has progressed from recommending institutionalizing children/adults with disabilities to including them in the day-to-day life of their families and home towns. Where children and adults with disabilities should live, what "help" looked like and "what was considered best" has changed dramatically in the past 25 years. What was done in the name of love and concern looks hurtful and unjust by today's standards. In the past, families whose infants were born with obvious disabilities were advised by "experts" to immediately place their child in an institution before "their families could become too attached." It was felt that institutionalization was better for the child and family and that raising a child with special needs should be left to highly trained staff. Families were made to feel incapable and inadequate in raising their own children with disabilities. The belief was that institutionalized children could learn the skills they needed in order to survive and only then would be able to return to their families and home towns.

Institutionalization separated children with disabilities from their families and communities, which created many problems. A byproduct of institutionalization was that children with special needs were often forgotten during prolonged institutional stays. They did not have the opportunity to observe and learn important daily living and real world skills from their parents, siblings and other community members. Also, despite some of the best efforts of "the experts", some children with special needs never acquired the skills needed to function fully in society. It was as foolish as telling someone, "You don't have 20/20 vision and until you can live without your eyeglasses/contact lenses, you will have to live elsewhere!" Thankfully, some families challenged these ideas and helped lead the way in changing our thinking about children and adults with disabilities.

Advocacy by families has and continues to be a major influence as our nation has shifted its thinking about where "different" individuals should live, be educated and work. We have realized that we are more alike than different and that all individuals need to be included in our communities. From my perspective, ***this is a civil rights issue*** and thank goodness, we no longer routinely advise families to institutionalize their children with disabilities. We are now empowering families and individuals with special needs to question the experts. Families also questioned the notion that someone other than the child's family is better equipped to raise a child with special needs. As a nation we have learned there is no required skill set for living with one's family or in the community and that ***difference in ability does not make exclusion acceptable***. We now feel it is society's responsibility to accommodate an individual's special needs and not the individual's responsibility to meet the communities' standards. We now embrace the notion that the best way to learn or teach how to live in the community is to be there! We have changed our expectations of children with special needs and what our responsibilities are as communities and as a nation.

We have done away with institutions and orphanages and have put our resources into developing supportive community programs. Philosophically our country has moved from a reliance on institutions that offered segregated services to including all individuals, to the best of their ability, as active members in their home towns. To do this our nation has reallocated federal, state and local dollars to build community resources/supports for families raising children with special needs at home. We are developing and expanding local community and regional programs to better serve and enhance the lives of all individuals with disabilities. Inclusion for all community members, regardless of their individual challenges is the goal of our society. Although we have made great strides, we still have a way to go in seeing that inclusion is a reality for all.

Educational services for children are an example of how we have changed our philosophy, laws, and funding about educating children with disabilities. In the past, children with disabilities, if educated at all, were offered training in daily living activities in institutions. Children, who were living at home with their families, might not have received any formal education. In 1975, the Education for All Handicapped Children Act, more recently reauthorized as Individuals With Disabilities Education Act (IDEA), assured that all children with disabilities have available "a free appropriate public education and related services designed to meet their unique needs."

This resulted in some children being educated in segregated schools and/or segregated classrooms within neighborhood schools. As we have moved further to include children with special needs in schools, mainstreaming became the goal. However, the problem with mainstreaming children with disabilities was that for the most part teachers were not adequately trained. Also, families were not well informed as to options for their child. Children with very specific needs were not offered much support in mainstream classrooms and were expected "to just fit in."

Of course, this did not work well. We have learned from experience about what works and what doesn't. Now educational settings provide a great deal of hands-on support to students, families and school personnel. Special Education services now include special education training to teachers, ongoing support from ancillary personnel within school systems, special education aides and supports to students that include families in all phases of decision-making regarding educational services for their child. This thoughtful process should be applied to all community services for children with special needs.

PERSONAL EXPERIENCES AND BELIEFS COUNT!

Inclusion of individuals with disabilities requires us to reexamine our personal experiences and beliefs. Growing up with a disability yourself or having a disabled sibling or close relative with a special need influences one's perception about inclusion. Our own life experience, consciously or unconsciously, impacts on our philosophy about life and its possibilities. Having a sibling or relative with a disability can be both a burden and a growth experience. For example, some siblings of children with special needs feel that they did not get enough attention, that they were always second best, or had to be "the good one". Alternatively, adults who grew up with a sibling or close relative with a special need often turn out to be more caring and compassionate of others' limitations, and they are often more appreciative of the simple joys of day to day life. Many individuals with personal experience with special needs choose careers that involve the health care/ disabilities community, whether that be special education, social work, medicine, nursing, research, psychology, or rehabilitation therapies to name but a few.

Do you have a disability? What was your experience like? Did you have a sibling, cousin, or other extended kin with special needs? Maybe you had a neighbor or playmate with a disability? Did you treat this person differently? If so, how? If there were no children or adults with disabilities in your neighborhood, school or community, where were they? It is important to consider these experiences, as it will have importance in how we think about and provide services for children with special needs.

Working with families, with or without children with disabilities, is part art and part science. The "science" part involves understanding the concept of inclusion for all. One gathers the facts about a child's unique strengths, challenges, specific disability, if any, and information about a family's expressed needs for their child. The "art" part involves empathy, authenticity and caring about the child and his/her family. Being authentic refers to what has been said about respect, interest, listening, understanding, acceptance, but also goes beyond that to include genuine liking. Being genuine and authentic is key. We must be cognizant about our own experiences and biases and be willing to confront them so they don't become barriers to providing the best possible services to all children and their families.

I want to share some personal memories about children with special needs that have shaped some of my own thinking and beliefs about inclusion. I grew up in the 1950s, in a typical suburban neighborhood, where dads worked and moms stayed home. There was a sense of belonging to the neighborhood. One of the kids on my block, Frankie, was a boy who walked very slowly and favored his right side. Frankie went to school with us, took longer to walk to the bus stop and sometimes needed someone to help him up the bus steps. In the summer, Frankie was catcher on our softball team, which was very serious business! We never talked about why Frankie should be the catcher, he just was. As an adult, I assume that Frankie had cerebral palsy, but nobody ever asked, because it wasn't important to us, he was one of our gang.

As a child, I had asthma and allergies. I would periodically be very sick. I was allergic to different foods and airborne allergens like mold, dust and fresh cut grass. An asthma attack could begin if I laughed or ran too hard. None of the neighborhood kids ever said anything to me about my wheezing, coughing or runny nose!

A maternal great aunt, Rosie, contracted polio as a young child. She was from an Italian family, the youngest of 12 children. In a family of that size and being a female, she could have relied on her brothers and sisters to take care of her. This would not have been so unusual in a large family during the early 1900's. Instead, Aunt Rosie was one of the first females to enter pharmacy school. She was chief pharmacist at Manhattan Eye and Ear Hospital in New York City during my childhood. I always enjoyed visiting her. It was very clear to me that she was a very important person, respected and admired by her hospital colleagues. My great aunt walked with a severe limp, never complained about her high-buttoned black leather shoes, nor the many operations she had endured. She also traveled around the world and learned to drive an adaptive car in her 50s!

Fast-forward approximately 20 years to my own parenting, as a divorced single parent. I was raising two children, James, who had special needs and a daughter, Aimee. I returned to complete my college education when Aimee was in kindergarten. I needed child care for James, who had chronic ear infections, multiple food and environmental allergies and severe asthma. James was 18 months old when I visited the university day care center. He couldn't wear disposable diapers due to allergies and I naively asked the day care director if she would consider removing the carpet in the toddler room because James was allergic. I had a shoebox full of his medications, which I was anxious to show the director how and when to administer. She just turned me down flat, saying that they "didn't accept" children like my son! There was no discussion regarding any accommodations for James in their day care center. To say the least, I was very surprised, hurt and wondered how I would complete my education and care for my children.

Several other center based programs also refused to accept James. Sometimes the program administrator was very positive about James, but as soon as the issue of his health problems came up, all of a sudden they "were filled" or "we don't give medications here". After several other futile attempts, I was able to find a family day care provider, which actually was a blessing, as James was sick a lot. In our family day care provider, we also gained a "second grandmother" who loved both my kids as much as I did.

When I completed my graduate education, I needed child care for Aimee and James, who were now both in school. I found a YMCA child care program in my hometown that would provide care for both of them. This was a godsend to me, as I needed to work to support my family. The program director didn't seem at all intimidated by James' numerous medications. The program also had several other children with developmental disabilities. James thrived at the Y Program, but my daughter also gained from the experience. Aimee befriended Dawn, a little girl with Down syndrome. Aimee was able to teach Dawn how to tie her shoes. Dawn and her mother were very excited that Dawn could finally tie her own shoes. I was thrilled for Aimee and her new sense of accomplishment. This was the first time Aimee recognized her ability to actually do something for someone else. Her sense of satisfaction, confidence and self-esteem was unbelievable. Aimee also learned to accept others as they are and began to appreciate that we all have different gifts and challenges. She also learned that other children had brothers and sisters with disabilities and she wasn't the only one with a sibling with special needs. It is clear that typically developing children can gain a great deal by having their peers with special needs included in all community activities.

As a consultant, I have had the opportunity to work with local community programs that are including children with special needs in their activities. A center once called me in a panic. An eight-year-old child, Jennifer, arrived alone for a newly formed swim class. It was clear to the swim class staff that Jennifer was blind. Nobody knew what to do — they had no plan. One of the newer staff members even asked me if I thought Jennifer's mother knew she was blind! As I talked with Jennifer's mom, she pointed out that the swim class application had not asked any specific questions about a child's special needs, so mom thought maybe it wasn't important. She also, perhaps more to the point, was concerned that if she had mentioned Jennifer's disability that the swim program might have turned her down. In the end, Jennifer did very well in the swim class and made many friends, but mom and the staff had to "play catch up" in setting up appropriate supports that made the program work for Jennifer. There was also a question of trust between Jennifer's mother and the staff that took several months to overcome.

For a number of years, I taught graduate level social work courses. Each semester I would ask students, "Where were your peers with disabilities when you were growing up?" A few of my students had specifically gone into social work because they had a sibling, cousin or neighbor with a disability. Most students did not know where other children with special needs where, or said children with disabilities were only included in the school lunchroom or at recess, if at all. The majority did not have any friends with special needs.

This is how segregation works. It helps to foster common myths about disabilities and notions that those "not like us" should be treated differently — that children with special needs might have to prove that they have earned a right to be part of their community.

INCLUSION BENEFITS ALL!

By including children with special needs in programs with typically developing children, *all* children learn to develop skills in dealing with others. Children with special needs are encouraged to interact with their peers, as friends. Typically developing children also learn about friendship, compassion and respect for individual differences. As children develop their abilities to relate to others, they build new interactional skills, communication skills, problem solving abilities and increased self-esteem. This paves the way for the development of positive adult relationships with a variety of people in the community, home, places of worship and work place. What we are doing in these early learning and socialization opportunities is setting the stage for life-long inclusion.

As stated, personal experiences, beliefs and ideas about children with disabilities need to be acknowledged by community program administrators and staff because their beliefs and biases will impact on program practices. Some programs still need to make a philosophical shift in thinking about who should be included in their services. To fulfill our goal of inclusion, program administrators and staff must work toward including all children because ***inclusion is, simply put, the right thing to do. And it is the law!***

A child's early learning experiences influence whether or not they grow up to value, accept and comfortably interact with a diverse community. Segregated settings do not prepare children to function in integrated community and work environments. Inclusion helps every child with special needs prepare for as normal a life as possible. Inclusion assists children with special needs to become contributing members of society.

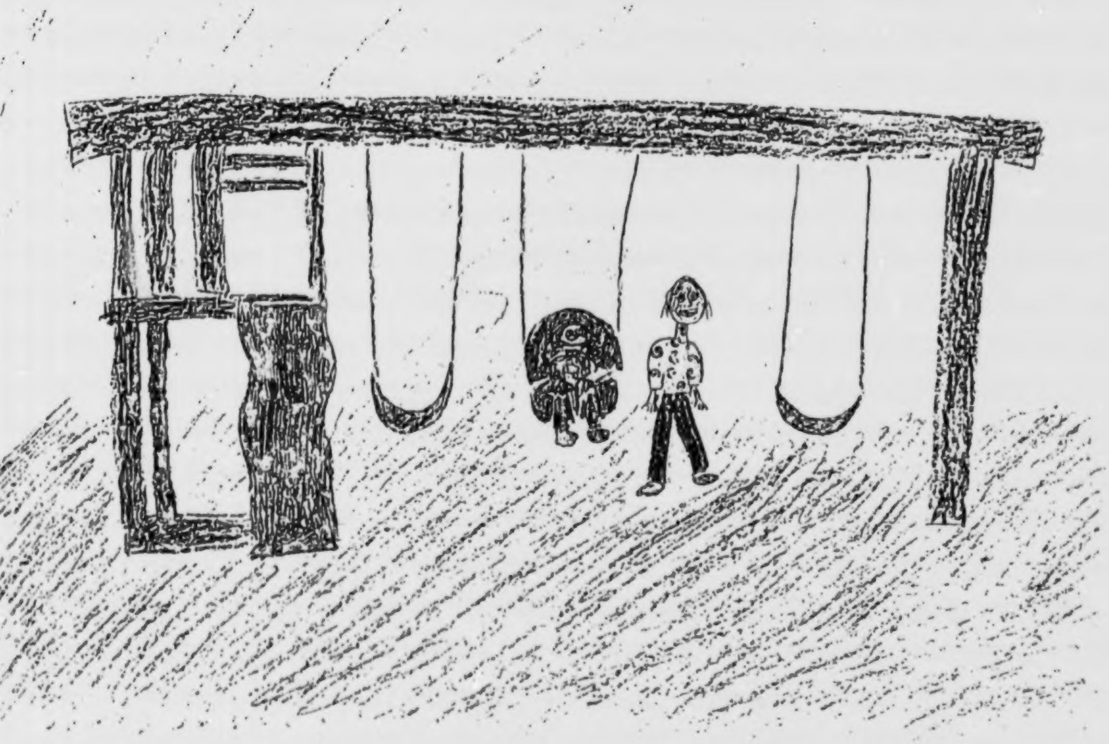
We should all keep in mind that regardless of a child's special needs, his/her family were not experts on caring for and raising a child with special needs when the child was born. The family has learned to provide the love and care their child needs. With some support from families and others who have worked with children with disabilities, community programs can, too!

> *At four years of age, our son, Nicholas was diagnosed with Pervasive Developmental Disorder (PDD/NOS). We didn't even know what PDD meant, but felt that we should share this information with the director at the preschool Nicholas was attending. Nicholas had been enrolled in the preschool for the past two and a half years and had six months to go until "graduation." However, when my husband and I told the preschool director that Nicholas had been evaluated, she told us that Nicholas could no longer attend the preschool because he had a diagnosis.*
>
> *My husband and I were shocked that after sharing information regarding the private evaluation, we were informed, "we don't service children with special needs." The preschool director implied that asking Nicholas to leave the school was "for his own good." He would have to leave the classroom, teacher and fellow students he was familiar with in the middle of the year. Struggling, as we were, with all the new medical information to absorb, we felt we should have been able to make the decision about what was best for our child. The preschool was offering us no options, other than to take Nicholas out of the program!*
>
> *My husband had to make a very public plea before the Preschool Board. It was decided Nicholas could stay with an aide — whom we paid for. Even though we were upset with the preschool, Nicholas finished his last six months at the school because we felt that it was the best place for him to be. Nicholas was happy and doing well. He participated in graduation with his classmates and even sang all the songs.*
>
> *This was the first of many challenges we have encountered — to have people look past the label and see the wonderful little boy that Nicholas was and is. He is not just some diagnosis — not just a collection of medical terms and "symptoms." He is our loveable, sweet son.*

Unfortunately the preschool had trouble looking beyond its own liability and was not able to see what they were doing to a child and his family who were trying to find a way through a medical system, deal with treatment options and a diagnosis they knew nothing about. The preschool most certainly forgot a little boy who was trying to find his way every day.

Over the last few years, Nicholas has made remarkable progress with lots of family support and intervention we obtained privately and through the school system. We recently took Nicholas up to Yale Child Study Center for a comprehensive evaluation, and the experts told us that he was doing so well, that they didn't think the PDD diagnosis fit anymore. My son has succeeded because we focused on what he could do and not on what he couldn't!

— Betsy C.



Artwork by Katie, age 14

Answers to Frequently Asked Questions on Successful Inclusion of Children with Special Needs in Community Programs

Q. Who is a child with special needs?

A child with special needs is one who has a physical, social or mental condition that alters or slows his/her normal growth and development. This definition is purposefully broad and inclusive and a child with special needs might be — a child with a learning disability, a child with a chronic illness, a child with developmental delays, a child who has been abused or neglected, a child from a single-parent home, a child with a visual or hearing impairment, a child with behavioral or socialization difficulties or a child for whom English is a second language. Sometimes a child is accepted into a program, does well and only later the staff is surprised to learn, that the child has special needs.

Q. Does a child's specific disability tell you if you can accommodate this child?

A particular disability, developmental delay, or medical condition, says very little about what a child can do, his/her abilities and challenges. Some examples are as follows:

- A child with cerebral palsy could range from a child who has some gait difficulties or fine motor problems to one who uses a wheelchair, needs to be fed and diapered and requires a program site with wide hallways and doorways.
- A child who is hyperactive may require no special supports and get along well with other children, or may require someone to administer medication, a place to quiet down and ongoing behavior management.
- A child with reactive airway disease may be one who cannot be exposed to mold, dust or animals, but on a day-to-day basis requires no assistance other than for the program staff to know the signs and symptoms of an asthma attack. On the other hand, a child with a respiratory condition may require medication and nebulizer treatments on a regular basis.

Q. Aren't children with special needs "just different"?

A child is a child first! We must resist the tendency to focus on the child's disability and go about trying to "fix" the problem. Unfortunately, we cannot always remedy the disability, but we can work to give the child the opportunity to do the best s/he can by including the child in all the community activities in which other children participate. It is also important to stay focused on what the child *can* do and not what the child *cannot* do.

Q. What are the benefits of inclusion?

By including children with special needs in community programs, we help to share a vision that all children are entitled:

- To learn
- To interact with their peers
- To develop self-esteem and feel good about themselves
- To learn that they can overcome personal circumstances
- To believe in their own future

A child with special needs has the same rights as other children:

- The right to be accepted
- The right to have friends
- The right to participate in the community
- The right to be the best they can be

Q. How does including a child with special needs in a community program make a difference for families?

Including children with disabilities in community programs makes a very big difference for families in several ways. It provides the family with community services for their children, which in the past may not have been readily available. Inclusion allows families to fulfill their roles as parents, employees and community members. Inclusion helps families feel more supported, and less isolated. Some families have told me, that at times they feel, that other community members treat them differently. One parent, raising three sons including Teddy with a genetic disorder, said, "Believe it or not, just because Teddy has special needs, doesn't mean that our whole world revolves around disabilities." Families who participate in the life of their home towns with their children feel more like other families and more a part of their communities. You may recall the African saying ***"It takes a village to raise a child."*** It is no less true, and perhaps truer, for families raising children with special needs.

Every family is different but it is important to remember that families of children with special needs are juggling all the same obligations as other growing families, but have the additional responsibility of raising a child with a disability. Families of children with special needs have the same hopes and dreams for their child that all families share. Unfortunately, these families are often left feeling isolated in their communities and that they must, as my good friend Nancy says, ***"to trail blaze every place they go."*** All families need to feel they and their children, regardless of disability, are welcomed, accepted and supported by their communities.

Q. What are some of the most important aspects of community programming for families raising children with special needs?

Families who inquire about community programs for their child with disabilities have as many questions and concerns as other parents. Simply put, all families want to be assured that their child will be welcomed into the program and that all efforts will be made for successful inclusion. Successful inclusions means that the child's curiosity and self-esteem will be nurtured and friendships among all children will be encouraged.

Families want to know that the program administrator and staff will partner with them. A visit to the program before the child is enrolled may help the family see the program "in action" and assist them in making some initial assessment as to their child's potential interest and success in the program.

As a community program, the initial task is to empower families with information about the program that will help them in making important decisions for their child — decisions that will have long-lasting impact. By providing families with program information, families can weigh their options and make informed decisions with the community program that they are comfortable with and beneficial to their child.

Community programs need to consciously make a commitment to involve children with disabilities in meaningful ways in their program activities. If the community program is willing to work with the child, the family and child will sense and respond to the program administrator and staff's warmth and genuineness in accepting their child. The program administrator and staff must be willing to be as receptive as possible, so that the child and family feels accepted and that what they have to say will be received and responded to in a positive and caring manner.

Q. Is the program administrator/staff expected to be experts in working with children with special needs?

No. The program administrator/staff must rely on the child's family to guide them in learning more about the child and his/her needs. The program administrator/staff may have a great deal of knowledge and experience with typical child development, but developmental differences may be new to them. It is important to understand that some of the child's needs are typical development vs. specific to the child's special needs. For example, many two year olds tantrum, this is just a fact. How a program might manage tantrums for a child with a disability might be just slightly different from how they would handle it with another two year old. The differences in behavior management techniques may be minimal. It is important to note, the skills that the program staff may develop in working with a child with special needs can usually benefit other children in the program.

Program administrators/staff should be forthcoming and honest with families about working with a child with special needs. Program administrators may want to explain that while they are interested in serving children with special needs, they may have no, or limited, experience working with a child with a specific disability. And even if the program administrator/staff has worked with another child with the same disability, each child and their family are unique. Thus, each child's particular strengths and challenges will be different.

Remember, a disability alone cannot be used to exclude a child from a community program. The program administrator may be unclear about what to do when presented with a new challenge and it is okay to acknowledge that the staff members are uncertain about how best to include a child with special needs. However, the administrator should let the family know that they will work with their child, but will rely on the child's family for guidance and support. The best way to establish a working relationship between the child, family and program is to discuss concerns, problem solve together and develop workable solutions.

Q. Don't children with special needs require a great deal of attention and support?

In most cases, no. All children, if they have known special needs or not, have various strengths and challenges that have implications for success in community programs. Children with disabilities may or may not require any additional attention and support. A determination about a child's ability to succeed in a program requires the program administrator and family to work together. Families will need to share with the program administrator what they feel their child will require to succeed. The program administrator can provide information about their activities/expectations and with the family assess their staffs' ability to meet the child's individual needs.

Learning about any child is like putting the pieces of a puzzle together — the more pieces you have, the clearer the picture becomes. It is important that the program administrator/staff become knowledgeable regarding the child's strengths, challenges and specifically what the child can do and what they may truly need assistance with doing. Program staff needs to understand that they should not do for a child what they can do for themselves or what the child may be able to learn to do with coaching and support! This may be one of the programs greatest gifts to the child, family and to the other children in the program — remember my daughter Aimee's experience teaching Dawn to tie her shoes.

The program administrator and staff need to feel that the family will work with them in allowing the child the time and space to meet new challenges and try new things. A child with special needs can develop many skills if given encouragement and support. It is important to foster the child's independence and allow the child to do as much as s/he can on their own. Even though it is usually well intended, doing for the child, instead of allowing the child the opportunity to meet new challenges, tells the child on some level that we do not see them as capable. Even if it takes longer for the child to complete a task, it is of critical importance that the program provides the context for the child to achieve mastery. Nurturing the child in the development of new skills and helping the child to believe in him/her self is a joy for all. ***We want to coach children for success!***

Q. How much does the program administrator need to know about a child with a disability before accepting them into their program?

The program administrator needs to know a great deal about the child and with the family make an individual assessment about specific supports that the child requires. The program administrator should feel free to ask questions about the child's disability. *Also the family and program administrator* ***can clarify any unfounded preconceptions or***

stereotypes about what children with disabilities can or cannot do. The program administrator and staff will feel most capable of working with a child if the family can communicate openly by sharing information and offering support.

To understand a child's strengths and challenges, the program administrator may ask the family and possibly others who have worked with the child about their experiences and any supports they might recommend. The community program administrator should not expect, or need, to become a disabilities specialist. However, the program administrator should be sensitive to the child's special needs and begin to join with the family in a pragmatic way to plan for the child's inclusion in the program.

Because the family is the expert on their child, the family and program administrator together should think through the program activities that the child would participate in and decide how best to include the child in all phases of the program. Together, the family and staff can develop an organized plan for the child's successful inclusion. The program administrator and family should be thinking about ***changing the environment to be more supportive to the child, changing the expectations for the child and helping to coach the child in learning new skills***.

An important point, ***accepting a child with special needs into a program without developing an individualized assessment is potentially setting up the child and program staff to fail***. Without preplanning, the beginning entry into a community program can be difficult, may lead to discouragement and possibly withdrawal of the child from the program. Because we cannot just assume that a child's special needs are too severe for the child to be included successfully, an individualized assessment offers an opportunity to problem solve and develop a realistic, organized plan for the child's full inclusion.

Q. It is helpful if the family and community provider schedule a program visit with the child prior to beginning the program?

Yes. There are many benefits to a visit. A visit with the child should be encouraged and scheduled if the program definitely has an opening. A family, child and administrator meeting offers the chance to individually assess the child and see how best to integrate the child into the program. The family and program administrator can discuss any additional areas of concern that may arise. The family and administrator have the opportunity to decide if they both share a common view of the child's strengths and challenges. This also gives the family the opportunity to decide if the community program administrator/staff seems comfortable with and accepting of their child and willing to work with them.

It is very important to discuss all specific supports the child needs before beginning the program. ***Planning is key***. You can always revise your plans as you go. As already mentioned, it is not helpful to start a child in a program without identifying the needed supports. An additional important benefit of a visit is that it allows the child an opportunity to begin to feel comfortable in a new setting, possibly with the staff and other children already in the program.

I once worked with a newly formed hospital based child care center that was very enthusiastic about including children with special needs. The child care program was open to employees, children who received services at the hospital and the local community. Initially, they accepted many children with special needs with minimal information on the children and their specific challenges. They had enrolled so many children with multiple needs, that the staff had very little time for the typically developing children in the program. This not only became an issue for program staff, who felt their dream had been derailed, but many of the families felt their children were being shortchanged.

As the center regrouped, the program administrator began to develop a more realistic view of how many children with special needs they could serve given their staffing. They began to assess each child individually regarding their strengths and challenges. With some lessons learned, the administrator worked on staffing patterns to maintain a fully functioning program that could support all the children enrolled. After several months, they were very successful and became a model for inclusion.

Q. Are there any nuts and bolts issues that would ensure inclusion would be successful?

Ongoing communication, preplanning and adapting as you go are the major keys to a successful fit between children, families and community programs. The program administrator and the child's family should plan to meet together on an as needed basis to maintain the best possible supports for the child. Frequent communication builds rapport and helps ensure opportunities to celebrate and share successes. Also ongoing communication helps to clarify any issues or concerns that the family, administrator or staff member needs to discuss. This leads to a sense of trust, confidence and creative problem solving. It is important to share information and resolve issues before they become obstacles to successful programming for all children.

The way to ensure a successful match between the child, family and program is to work together on the following:

- Talk openly and honestly about the child's special needs and families expectations. Families should keep in mind that community programs are not expected to be experts on any particular disability.

- Discuss in detail the activities that the program offers. The program administrator and family then have a chance to develop a realistic plan to include the child, as an active member of the group. If the child will need to be assisted in a specific activity, discuss how this will happen.

- Decide if the program can include the child in a meaningful way and affords the child the greatest opportunity to be "just one of the kids."

- A family may offer or the program can invite the child for a visit. Additional questions, which an application cannot address, can be asked. The program administrator and possibly staff can get acquainted with the child. This also provides an opportunity to decide if both the family and program share a common view of the child's strengths, challenges and specific needs for support.

- The family may want to offer the program administrator the option of speaking with others who have had experience working with their child. This can aid the program in learning more about how to best offer inclusion. Other community professionals from the health care and disability communities can be very helpful in providing general information about specific disabilities and can offer practical suggestions.

Believing that a child with special needs can be successfully supported in a community program and that the child will do as much as s/he can do independently conveys a positive feeling to everyone including the child with special needs, the family, the staff and the other children in the program. ***Program administrators are often surprised at how simple inclusion can be if preplanning occurs and a clear plan is established.***

Q. What type of community program is best for a child with special needs?

Programming for children with special needs is not very different from programming for typically developing children. Children have unique temperaments, strengths and challenges. Also interests vary. How the child will fit in may become clear during the visit to the program. The family and program staff should together decide if the program is suitable for the child.

You may want to consider some of the following questions:

- How does the child do in large groups with lots of activity?
- Can the child be slowly integrated into the program — perhaps attending one day a week until feeling more comfortable?
- Does the child require a great deal of one-to-one supervision? How can this be accomplished?
- Will an assistant in the program be responsible for helping the child, if needed? If an assistant helps out, will this take an extended period of time and leave other children unattended?
- Is it appropriate for the parent to participate in the program, such as a "Mommy and Me" group?
- Can the child enjoy and participate in most of the activities the program offers? If not, what will the child do while the activity that may be challenging is occurring? Who will be responsible for making sure that the child is engaged in some other activity?
- Does the child tend to thrive in quieter, less active environments with fewer children? As an example, some children with special needs requiring child care might do better in a family day care home, with less stimulation and more opportunity for one-to-one care.

Q. Is there any tool that will help in assessing the program's ability to better understand the child's strengths and specific challenges?

Yes. The Child Planner that is included in this guide (see pages 49-57) will assist the program administrator and family in discussing, clearly assessing and documenting the child's strengths and needs. The Child Planner helps in making an accurate and fair assessment of the child that will help determine if the program can meet the child's individual needs without fundamentally altering its program. Having a starting point, such as the Child Planner outlines the child's strengths and challenges and anticipates the child's need for specific supports and is essential for successful inclusion.

Every child has areas where they could use some encouragement and support. It is important for the family and program administrator to have an opportunity to discuss and document the assessment of the child's strengths/needs because this is a concrete way to think through the program's activities and match it to the child's unique profile.

The Child Planner looks at particular areas of a child's functioning and will assist in making thoughtful decisions as to what the child can do on their own, what they will need help with and who will be available to offer support if and when needed. Questions the planner helps you consider include:

- What are the program activities that the child can do independently?
- Are there specific activities that the child will need assistance with?
- Is the activity something that the family and program administrator feel is appropriate for this child to learn?
- Is there a staff member who can help coach the child in this activity?
- Can the family follow through in working with the child on mastering the task at home?
- Another point to consider, is the activity developmentally appropriate for this child at this time?

Some additional questions that need to be considered and discussed with the child's family prior to enrollment include the following:

- Does the staff have enough time for this child with his/her unique needs such as playing, feeding, diapering/toileting and transitioning from one activity to another?
- How will this impact on the programs ability to care for the other children in the group?
- Will a staff member be designated to assist the child to ensure his/her full participation?

The Child Planner should be completed with the family to help focus the discussion about including the child in the community program. Also the Child Planner could be given to the family prior to the meeting so they have a chance to review it and possibly jot down some of their ideas. A completed Child Planner clarifies what specifically has been agreed on to allow for the child's full inclusion in the program's activities. A copy of the completed Child Planner should be given to the family and a copy retained by the program. The Child Planner should be reviewed at various times by the program administrator/staff and family to see how the child is progressing and how well the staff is meeting the child's needs. Revisions should be anticipated as everyone gets to know the child. Setting up timelines to review the Child Planner such as after 6 weeks or mid-way through the program are good rules of thumb.

Of note, a difficult observation I have made several times when visiting community programs, is watching most of the children involved in an activity, while a child with special needs was sitting off to the side. What may have happened, is that the program did not anticipate the child's needs and had not identified anyone to facilitate the child's involvement with the activity or planned another activity for the child. Using the Child Planner will help to avoid this situation. ***Excluding a child, even from one or two activities, is not inclusion at its best***.

Q. Who else can help the program administrator/staff learn about children with special needs?

There are numerous professionals and local, regional and national organizations that have served children with disabilities for many years and can help the program staff in understanding how best to support a child with special needs. They can provide general information, technical assistance and guidance, offer reading materials and training to the staff. Additional information about disabilities helps to establish a plan that allows for consistency and offers the greatest opportunity for success for the child and community program.

If the child is enrolled in an Early Intervention Program, early intervention staff can provide information and perhaps hands-on assistance. The local school system's Preschool Disabled and Special Education Program staff is also knowledgeable. The ARC's, Cerebral Palsy Leagues, Down Syndrome Congress, Special Olympics, county disability boards, pediatricians, other pediatric specialists, child evaluation centers and major teaching hospitals are some resources, to name but a few.

The program administrator or the family may want to have a meeting so staff members can talk with other people working with their child or who have worked with children with special needs. A meeting can help in establishing a plan and information from an educational presentation may also assist in writing or modifying the Child Planner.

This is important: Before contacting any agency that has worked with a specific child you MUST obtain a family/guardian's permission in writing. Information on a Sample Release of Information Form for obtaining consent is included in this guide.

Consultation from an expert can be a very valuable support. In consulting with a school system about Joshua, a little boy with autism, the school aide who was working with him, felt that the best way to help Joshua was to make sure that he was always at the front of the line and first to get his juice/cookie, etc. The aide, Marissa, always sat right next to him so she could answer for Joshua when other children spoke to him. After a brief presentation on autism to the teacher and aides, Marissa learned how to better support Joshua - which did not mean doing for him. Learning to facilitate Joshua's interactions with his classmates and helping him deal with frustration was what Joshua needed from his aide. By the end of the school year, the aide was sitting in the back of the classroom and the family was deciding with the school if the aide would even be needed the following year.

Q. Can another "pair of hands" be found to provide support for this child?

There are numerous options for support that are potential resources and may include the following:

- In every group of children there are some who we call "natural helpers" — children who just excel at, enjoy, and take pleasure in interacting and working with other children. Having a peer as a child's support is an enormous benefit for role modeling and increased self-esteem for all the children.

- Can a local high school, community college or university provide you with a student intern who is studying child development and may want to offer support for the child? Some community programs have worked with high schools to give students field credits towards graduation. The community program or family may want to partner with colleges that have Schools of Social Work, Psychology, Education, Recreation and/or Rehabilitation programs.

- Are there any senior citizen groups in your area that would volunteer at your program? There have been some wonderful collaborations between senior centers and community programs that have benefited all involved.

- Do family members participate in the program and is it appropriate for a child's family member such as a parent/guardian, grandparent, aunt or uncle to be involved?

- In many programs staff can be assigned to offer assistance as needed. Staff can either take this opportunity as a task they perform on a regular basis or rotate to other responsibilities within the program.

Community Programs must demonstrate reasonable efforts to obtain additional services that could help a child with special needs benefit from their programs. However, if the child will require extensive one to one support, which leaves other children unattended, and the program *never offers this support to any of the children in the program*, the program would not be required to accept the child. One option would be for a family member or a personal assistant, hired by the parent, to come in and assist the child. Another option, if the program decides to exceed their obligations under The Americans with Disabilities Act and provide the support, they can charge the family for this additional service. More about this in the section *The Law Says-Americans with Disabilities Act (ADA).*

Q. What are the health/safety issues that need to be considered in accepting a child with special needs into the program?

Health and safety issues should be of primary concern when accepting ***any*** child into the program. Having written policies/procedures for dealing with emergencies and other medical concerns is important for all the children and staff. Does the staff know who is assigned to specific tasks in an emergency? Is the staff prepared to handle an emergency in a calm, efficient and effective manner? Have staff members been trained in first aide and CPR? Have they had practice drills?

For a child with a disability it may be of particular importance to clarify some of the following:

- Is the program setting safe for this child?
- Will the area require any rearranging?
- Does the child use special equipment?
  Example: A child who uses a wheelchair and needs an accessible entry/exit way, wider halls and doorways.
- Is any medication given to children in the community program, such as cold or cough medicine?
- Does the community program have specific policies and procedures on medication administration, including where medication is kept, who is responsible for administration and how is it documented?
- Is the program administrator willing to give a child with special needs prescription medication on a regular or on an as needed basis?
- Can the family provide specific written instructions about administering medications from the child's physician?
- Can the program administrator speak directly to the physician who prescribed the medication for additional information?

Of note, some state laws may differ on medication administration and the state's liability laws should be considered.

Q. What about health/safety issues for children whose presence may be dangerous to others?

Children who pose a direct threat — a substantial risk of serious harm to the health and safety of others may not have to be admitted into a community program. The determination that a child poses a direct threat may not be based on some vague generalizations or stereotypes about the impact of a particular disability. These concerns must be discussed with the family and become part of an individual assessment (Child Planner) for the child and includes the child's actual strengths and disabilities.

In order to clarify if a child has a medical condition that poses a major health threat to others, the community program administrator ***must ask all families*** whether a child has any diseases that are communicable through the types of incidental contact expected to occur in community settings. ***The key is that the question has to be asked about all children and not just about children with disabilities***. Program administrators may also inquire about specific conditions, such as active infectious tuberculosis, that in fact, does pose a direct threat.

Q. Are there any particular concerns when a child has behavioral problems?

When a child has identified behavioral problems, the most important goal is for the family and program administrator to work together to see if the child's behavior can be modified and what may precede the behavior, i.e., triggers and specific context when behavior occurs. An example might be a child who hits and bites other children. It may have been observed by the family or staff that this occurs when the child is in new surroundings, feels frustrated or tired. Maybe this is a child who needs more naps, changes in diet, or some individual support at transition times.

A plan should be developed as to how the child will be managed such as redirecting the child, assigning a staff member to work with the child or perhaps the child requires a "time out" that can be utilized at home and in the program. Perhaps a behavioral psychologist or clinical social worker can consult with the family and the program. Of note, any behavioral strategies that are suggested can be utilized from time to time with other children in the program.

If reasonable efforts have been made and the child continues to have difficult behavior, the child could be asked to leave the program, even if the child has a disability. The law does not require programs to take any action that would pose a direct threat — a substantial risk of serious harm — to the health or safety of others. ***However, community programs should not make assumptions that a child with special needs is more likely to behave in a certain way based on their disability or past experiences with other children with special needs***.

Q. Can children who have specific disabilities such as HIV or AIDS be excluded from the community program to safeguard the other children and employees?

No. Community programs cannot exclude a child based only on their HIV or AIDS status. Research tells us that HIV/AIDS cannot be easily transmitted during regular contact. However, following best practices, all community programs should utilize Universal Precautions, which include specific procedures when coming in contact with children's blood or bodily fluids. This includes the wearing of latex gloves and specific procedures when disinfecting toys on a regular basis and cleaning up any surfaces that may have come in contact with bodily fluids. Of note, utilizing Universal Precautions applies to the care of all children.

Q. If a child has severe life threatening allergies, such as allergies to specific foods or bee stings, can they be excluded from a community program?

No. Community programs cannot exclude a child because they have severe allergies. The community program would need to know specifically what the child is allergic to and be prepared to be proactive if an allergic reaction occurs, such as administering any medication that the child's physician prescribes in an emergency situation. It is important that the program administrator and family be clear on what the child needs to avoid exposure to and the specific steps to be taken if a reaction occurs.

This is a major issue, because at some point the child will also need to learn what they must avoid eating and coming in contact with. It is extremely helpful if both the community program and family together can help reinforce with the child their allergy triggers.

As an example, I once worked with a family where the mother was a nurse and took total responsibility for what her daughter, Towanda, could and couldn't eat because of her multiple food allergies. As a result Towanda was not able to manage on her own and this kept her from sleeping over at friend's homes and going to summer camp. After working with Towanda's mom, she was able to see that she was not helping her daughter function in the real world. Mom began to educate Towanda regarding her food allergies, which included a severe reaction to peanuts, so that Towanda could be responsible for her own food choices. Eventually this allowed Towanda to join in community activities with her friends.

Q. If an older child, because of their special needs functions more like younger children in the program, can they be placed with the younger children?

In most cases, no. Children with disabilities should be placed in their age-appropriate program, unless the family agrees otherwise. A compromise might be that the child could spend part of the time with children who are age appropriate and part of the day with another group. An example might be a child in day care who needed to be fed. For the majority of the program activities they could be with their same aged peers, but for feeding assistance, the child could be included with another younger group who also require some self-help supports.

Q. What if the community program has a policy that they do not accept children older then 3 years of age who need to be diapered?

In general, community programs cannot refuse to accept children older then 3 years who require diapering if the program provides personal services such as diapering or toileting assistance for younger children in the program. The program must reasonably modify their policies and provide diapering and/or toileting services for older children who need support due to a disability. In most cases, community programs that diaper infants and toilet toddlers should diaper older children with special needs. Of note, community programs must also provide diapering to young children with special needs that may need more frequent assistance then other children of the same age. Also some children may need help transferring to and from the toilet due to mobility or coordination issues and community programs should be able to provide this support.

An example of a creative approach to toileting reminds me of a little boy, Marty, whose family was looking for child care. Marty had a genetic disorder, who on a day-to-day basis functioned very well, but needed to be reminded to use the toilet. At first the child care center did not feel they could provide the kind of toileting support that Marty needed. In talking with the family and child care administrator, we were able to come up with a solution, which involved Marty having a watch with an alarm that was set to go off every 45 minutes. This worked well in the child care center and this technique was then used at school and at home.

Q. If the community program does not accept children who are not toilet trained, does the program have to accept an older child with special needs who needs to be diapered or requires toileting assistance?

Several factors need to be considered for community programs that do not offer diapering/toileting on a regular basis, such as:

- Does the community program ever offer toileting to younger children who may need assistance if they have accidents?
- Would providing toileting assistance or diapering a child with special needs leave other children unattended?
- Would the community program have to purchase diapering tables or other equipment?

If the community program never provides toileting assistance or diapering to any child, then this personal service would not need to be offered to a child with a disability. However, the program may be able to accept the child if other resources can be found for diapering/toileting such as having a family member or a personal assistant come and do the diapering/toileting.

Q. What is a community program's obligation if they have a "no pets" policy and the child with special needs requires a service animal, such as a Seeing Eye dog?

A service animal is not considered a pet. The Americans with Disabilities Act requires that the program modify their "no pets" policy to allow the use of a service animal by a child with a disability. This does not imply that the program must change their "no pets" policy, just that they must make an exception to the general rule for service animals.

Q. Can a community program refuse to accept a child who has intellectual limitations?

No. Community programs cannot exclude a child just because the child has intellectual limitations. The family and program administrator should assess the child's functioning and make reasonable steps to include the child in all the activities that the program offers.

Q. If a child has equipment such as leg braces, does the community program have to offer assistance with putting on and taking off the braces?

Yes. Some children with mobility issues may need assistance with braces or other equipment. This would be a reasonable accommodation unless it was clear that the time required to assist was excessive and this would leave other children unattended. An option would be for a family member or a personal assistant to could come in and do the bracing.

Q. How will the child be introduced to the program staff?

It is essential that the staff be given some information about the child with special needs and be prepared for the child's inclusion. Staff members who are unprepared for the inclusion of a child with special needs may feel uncomfortable and unsure of how to work with the child. Unprepared staff may inadvertently convey their apprehension to the child with special needs and to the other children in the group. Review of the completed Child Planner, or a similar written assessment, is important in the staff's understanding of the child's strengths/challenges, helps in day-to-day program planning and will be key to the child's success in the community program.

The community program administrator may want to provide some sensitivity training and staff in-service education prior to the child's participation. As mentioned, there are many resources available, including the child's family, who are the experts. There are also numerous videos, speakers and trainers on specific disabilities. ***It is unfair to both the child with special needs and the staff not to provide the appropriate supports that are needed for everyone to succeed.***

Q. How will the child with special needs be introduced to the other children?

It's common to wonder how the other children in the group will react to the inclusion of a child with special needs. How the other children respond will, in great part, depend on clues they pick up from the staff. If staff accepts the child with special needs in a matter-of-fact way the other children will respond likewise. If the child's disability is not obvious, the community program may choose to wait and see if the other children raise questions. If and when the other children ask questions about a child's disability, it is best to respond with simple, factual answers.

All children are curious, and if the child's disability is more obvious, the administrator/staff may want to plan some age-appropriate activities for the other children to prepare them for the inclusion of a child with a disability. ***Teaching children about sameness and difference can be educational and fun.*** There are many children's books, videos and disability-related organizations willing to provide assistance on a child's level. Many of the disability related groups that are listed in the guide have great materials for children, families and community programs.

As discussed earlier, in all groups of children, there are children who tend to be "natural helpers." They enjoy working with others. These children, if supported by staff, can be encouraged to include and assist the child with special needs. Children gain a sense of accomplishment when helping others. One of the greatest benefits of inclusion is the opportunity for the child with a disability to enhance their socialization skills and to be given the chance to make friends, just like the other children.

However, don't expect all the children to want to play with the child with special needs. It is okay for some of the children to ignore the child with special needs, as they already do each other. Like all the children in the group, children pick and choose whom they want as playmates. But it goes without saying that it is not okay for the other children to make fun of or demean each other. Children who may be teasing should be worked with individually to sensitize them to the issues of difference.

Q. How will the other children's families react?

The other families will typically focus on several issues:

- How much individual attention will the child with special needs require and will it take time away from their children? The other families may need help in understanding that the child with special needs may or may not require some additional care. The program administrator will need to be clear on how the staff will give this care, if in fact additional care is required, without neglecting the other children.
- Another question that frequently concerns families, is will my child begin to imitate the child with special needs? Children have a natural curiosity and may want to "try out" a specific disability; i.e., using the child's wheelchair, pretending to have a visual impairment, etc. However, they quickly learn that having a disability is not fun and revert back to their typical behavior. What happens most often is the child with special needs imitates the typical children, thus enhancing his or her skill level and socialization abilities.
- An additional concern that may need to be addressed is the other families' understanding of children with special needs. As we discussed earlier, we all have some preconceived ideas about disabilities that may need to be dispelled. The program director may want to be available to talk about special needs and answer questions in a general way. Of note, specific information about a particular child's disability should never be shared and is a violation of the child with special needs right to confidentiality.

The program administrator may choose to plan a general Family Education Workshop to enhance the other families sensitivity and understanding about children with disabilities. The families of children with special needs in the program and the Resource/Referral Section of this guide may be of help. Most of all, the other families and their children may need to be reminded that the child with special needs wants friends just like the other children. And that the families of these children have the same hopes and dreams as other parents have for their children.

Q. Does every child with special needs belong in an inclusion program?

No. Not every child with special needs fits into an inclusive program. Some children's needs are highly specialized and programming in a typical setting may not be appropriate. However, before a program decides on accepting or rejecting a child with a disability, the program administrator must complete an individualized assessment, such as the Child Planner, that is used for all children in the program. The same "standard" or requirements are to be applied to all children, not ONLY to children with special needs. If the program is unable to provide services, as per the Americans with Disabilities Act, the administrator should document the assessment and reasons why inclusion is not possible at this time. As noted, the Child Planner can be used to assist with this process. ***Remember there are laws that apply to children with disabilities and families may exercise their rights if they feel their child has been discriminated against***.

Q. How do community programs deal with concerns that develop after the child is attending the program?

Effective community programs require *ongoing communication and planning* between the program, the child and his/her family. This is good practice for all programs and families and does not just apply to families with children with disabilities. The program administrator/staff and the child's family should plan to work together on a regular basis to maintain the best possible supports for the child. Frequent communication will help ensure a positive fit between the program, the child and family. Talking on a regular basis helps to ensure that all issues and concerns get discussed and clarified.

Many families have told me that the only time they heard from administrators and staff was when something wasn't going well and that at times they dreaded picking up their child, because the interaction was always negative. Scheduled meetings and/or telephone calls help to ensure that each concern gets the full attention it deserves and that successes as well as challenges can be topics of discussion. It is important that when having a serious conversation about a child, it is best to do this in private where the conversation will not be overheard by the child or others. Of note, picking up or dropping off a child is not the best time to discuss concerns or issues with families.

An example is as follows: I consulted with a scouting program that was about to ask a family to withdraw their daughter from the troop. I was told that Sue, a young girl with a seizure disorder, had previously been enthusiastic and popular with her peers. Suddenly, Sue had become stubborn, disruptive and at other times withdrawn. When speaking with her father, I learned that Sue's seizures had become more frequent and that her neurologist was trying different medications for better seizure control. It was important to understand Sue's feelings, to learn more about seizures and how the scout leaders could support her. The scout leaders also needed to feel confident about how to deal with an emergency if a seizure occurred during a scout meeting. With family consent, a conference call was held with Sue's father, the scout leaders and the neurologist. As the scout leaders learned more about seizure disorders and felt more confident in handling an emergency, they were better able to understand Sue's worries and concerns. Another scout, whose brother was diabetic, was selected to be Sue's peer partner, which helped Sue realize that someone else, her own age, knew something about what she might be feeling. Sue's seizures became less frequent and as she felt more supported by the group, her outgoing personality began to return.

Q. How can the program communicate with families on a regular basis?

Communicating with families on a regular basis, as mentioned, increases the program's ability to share ongoing information and builds trust. Families need to know about changes in the program, as well as issues related to their child. There are multiple ways to keep families informed and include:

- Bulletin boards — where both staff and families can share information and hang pictures.
- Newsletters — that can include news and information and have a section for child and family input.
- Notes home — that gives general information on the program.
- Individual child notebook — particularly important when working with young children and may include, how the child did that day, something new the child achieved or an issue that needs to be discussed.
- Internet — posting general information on a web page or through parents' personal email sharing information about their child.

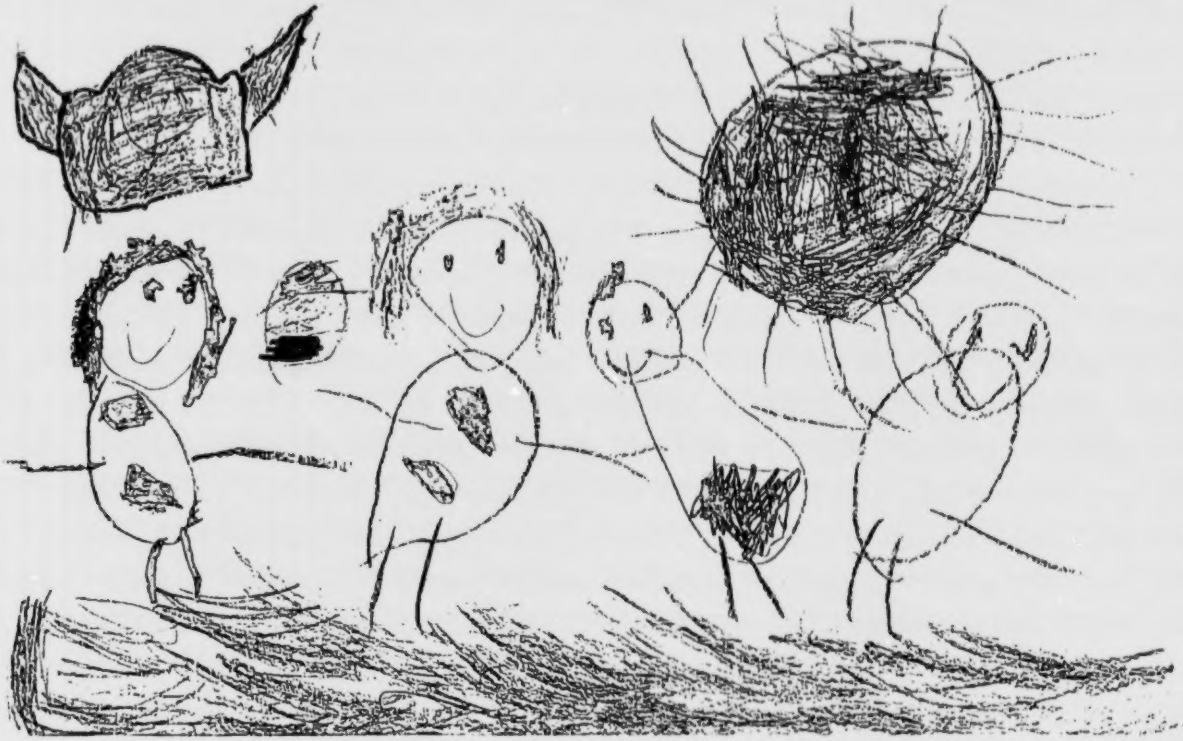
> *Our son, Noah, was born with neurological deficits, Cerebral Palsy and a seizure disorder. Because of Noah's Cerebral Palsy and developmental delays, we have always tried to have Noah participate in vigorous physical activity. We know that this helps to develop his muscle tone, control and balance, especially on his weaker side. Noah has always loved to climb, slide and tumble with us.*
>
> *When we saw an ad for a children's gymnastics class, we thought this would be a natural fit. We called and after speaking with the director, made an appointment to visit the program. The director and one of the teachers met us. I noticed a hint of concern in the director's eyes as we walked in holding hands with Noah. Although my wife had talked about Noah on the phone with the director, I wasn't sure that the director was expecting to see this small child with braces up to the bottom of his knees, walking slowly, unable to speak, but seemingly very excited!*
>
> *The director looked around at the array of gymnastic equipment that was to be used in the class, took another look at Noah and expressed his doubts that Noah could participate in the program. About that time, my wife noticed another room with large blocks for climbing, slides, tunnels to crawl through and balancing beams. We brought*

Noah into this room and with the help of the teacher, Noah took to all the equipment like a duck to water.

We then asked what program took place in that room and were told it was a program for younger children, up to age three who were accompanied by a parent. We explained that although Noah was almost five, he was probably closer developmentally to the kids that would be in this class. We discussed what we felt would be the benefits to Noah and agreed to parental participation. The director concurred with our assessment and agreed to enroll Noah in the program.

Now we're looking forward to enjoyable times and the continued development of our son. Sometimes all it takes is a second look or a different perspective in order to find a way to be inclusive and embrace others that are different from what we expect!

— Bob H.



Artwork by Morgan, age 5

The Law Says ... Americans with Disabilities Act (ADA)

Materials adapted from the US Department of Justice – Civil Rights Division – Disability Rights Section 10/97.

Q. Do families have any legal rights to services for their child with special needs?

The **Americans with Disabilities Act (ADA)** was signed into law on July 26, 1990. The purpose of the ADA is to provide comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government services and telecommunications.

The law requires that the child/adult with disabilities must be provided with goods and services in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity. A community program must eliminate unnecessary eligibility standards or rules that deny an equal opportunity to enjoy the goods and services of a place of public accommodation.

Individuals with Disabilities are defined as:

- Individuals having a physical or mental impairment that substantially limits one or more of the major life activities:
    - Caring for one's self
    - Performing manual tasks
    - Walking
    - Seeing
    - Hearing
    - Speaking
    - Breathing
    - Learning
    - Working
- History of impairment or is regarded as having an impairment.

Q. How does the ADA apply to a child with special needs?

This legislation means that services must be provided without discrimination based on real or perceived disability. Programs cannot maintain eligibility standards that might deny equal access for children with special needs. ***Eligibility criteria must be uniformly applied to all children entering the program***.

Programs must make reasonable modifications to their policies and procedures to include children with disabilities when indicated. Programs are not required to make changes that would alter the fundamental nature of their programs or cause undue burden. Programs must demonstrate reasonable efforts to obtain additional services that could help a child with special needs benefit from their programs.

A public setting is not required to provide personal devices such as wheelchairs or services of a personal nature including assistance in eating, toileting or dressing. However, the community program may be required to assist a child with special needs with toileting, dressing or eating if the program cares for infants or preschoolers already receiving assistance services.

A program may not be required to accept a child if the adaptations required for the child's inclusion are not "readily achievable." This means easily accomplished and implemented without undue expense or difficulty. What is readily achievable will be determined on a case-by-case basis in light of the resources available to the program.

"Readily Achievable" is open for interpretation, is determined on a case-by-case basis and is not like a speeding ticket — over 55 miles per hour and you have broken the law.

Q. Are there some specific requirements of the ADA?

Yes, the ADA requires that providers not discriminate against individuals with disabilities on the basis of their disability, that is, that they provide children with disabilities and other family members with disabilities an equal opportunity to participate in the program's services. This means:

- Programs cannot exclude children with special needs from their programs unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of the program.
- Programs have to make reasonable modifications to their policies and practices to integrate children and family members with disabilities into their programs unless doing so would constitute a fundamental alteration.
- Programs must provide appropriate auxiliary aids and services needed for effective communication with children or adults with disabilities, when doing so would not constitute an undue burden.
- Programs must generally make their facilities accessible to children/adults with disabilities. Existing facilities are subject to the readily achievable standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be fully accessible.

Examples of removal of barriers might include:

- Installing ramps
- Making curb cuts at sidewalks or entrances
- Widening doorways
- Installing grab bars in toilet stalls
- Adding raised letters or Braille to elevator control buttons

Q. What is a community program's obligation if the parent/guardian has a special need?

The program's obligation to families requires that programs provide effective means of working with the customers they service, including parents/guardians with disabilities, unless doing so poses an undue burden. An example might be a family member who is hearing impaired, which would impact on the program's ability to communicate with the parent/guardian on a regular basis. The individual with a disability should be consulted with about what types of auxiliary aids and services will be needed. Different kinds of auxiliary aids and services may be required for lengthy conversations that might occur to update families on their child's program participation. Perhaps there is another family member that can assist with communication or information can be exchanged in writing or students studying sign language at a local community college could volunteer their time.

According to the Americans with Disabilities Act, community programs cannot impose the cost of a qualified sign language interpreter or other auxiliary aide on the family member. However, a particular auxiliary aid or service is ***not required*** if it would pose an undue burden, that is, a significant difficulty or expense, relative to the programs resources.

Q. Do community programs have to make their building accessible to children and adults with disabilities?

Community programs have an obligation to remove barriers to access for children and adults with disabilities. Existing privately run programs must remove architectural barriers that limit the participation of children/adults with disabilities if removing the barriers is readily achievable and can be carried out without much difficulty or undue expense. Examples of this would be installing grab bars in toilet stalls, rearranging tables, chairs or other equipment so that a child's wheelchair could easily pass through. Public programs that are run by government agencies must ensure that their programs are accessible unless making changes imposes an undue burden.

Q. If a community program is about to build a new facility, do they have to follow guidelines that would ensure access for children/adults with disabilities?

Yes. Newly constructed program sites that were designed and build after January 26, 1993 must be readily accessible to and usable by children/adults with disabilities. This means that they must be build in strict compliance with the ADA Standards for Accessible Design. New buildings run by government agencies must meet either the ADA Standards or the Uniform Federal Accessibility Standards.

Q. Are there any tax credits or deductions available to help offset the costs associated with complying with the ADA?

To assist businesses in complying with the ADA, Section 44 of the IRS Code allows a tax credit for small businesses and Section 190 of the IRS Code allows a tax deduction for all businesses. In order to learn more about these tax credits and deduction provisions, contact the Department of Justice's ADA Information Line at 202-514-6193 (by computer modem) or the Disability and Business Technical Assistance Centers at 800-949-4232.

Q. Does the United States ever participate in lawsuits brought by private citizens?

Yes. The Department of Justice sometimes participates in private suits either by intervention or as *amices curiae* — "friend of the court." One suit in which the United States participated was brought by a disability rights group against KinderCare Learning Centers — the largest chain of child care centers in the country.

The United States supported the plaintiff's position that KinderCare had to make its program accessible to a boy with multiple disabilities including mental retardation. The litigation resulted in KinderCare's agreement to develop a model policy to allow the child to attend one of its centers with a state-funded personal assistant.

Q. Are there additional resources to learn more about the Americans with Disabilities Act (ADA)?

There are numerous ADA resources including the following:

- All Kids Count: Child CARE and the ADA — 800-433-5255 (voice) and 800-855-1155 (TDD)
- Videos and booklets on ADA and child care providers 509-623-4246 (voice) and TDD: use relay service.
- General ADA information 800-514-0301 (voice) and 800-514-0383 (TDD).
- Equal Employment Opportunity Commission, Employment questions 800-669-4000 (voice) and 800-669-6820 (TDD).
- Department of Justice ADA Electronic Bulletin Board 202-514-6193 (by computer modem).
- Additional child care or other requirements of the ADA — US Department of Justice's toll free ADA Information Line at: 800-514-0301 (voice) or 800-514-0383 (TDD).

Artwork by Caroline, age 11

Especially For Families

When my son James, at age 4, first went to preschool, I signed him up for the program with the best reputation in my area. Of note, it was also one of the few programs that would accept a child with special needs and I was excited that he would be going to such a well-respected preschool. Because I was very busy trying to finish college and being a single parent, I never visited the preschool, except to go to the office to fill out the application, hand in my deposit and speak with the administrator about my son's special needs.

However, on the first day of school, I was rather surprised to meet the preschool teacher. She was dressed in an immaculate white wool suit with beautiful jewelry. She was very polite, but rather standoffish. She was aware of my son's special needs and did well with the relatively few medical needs he had that year. But, she was never very involved with any of the children, including James.

I learned from this experience, that you should always visit the program first to see what is going on and who is in charge. If I had taken James for a visit, I might have looked for another program or asked if he could have been in another class.

The following year, I made an appointment to go to the same preschool and found them very receptive to me, as I wanted to find the best possible preschool teacher for James. The teacher that we all agreed would meet my son's needs, was in her 60's and had been a missionary in China. She was not only wonderful with James, but offered me many useful suggestions on how to work with him at home. I will never forget her kind manner and reassurances about my parenting ability and my son's future.

— Cynthia N.

You have important questions concerning community services for your child with special needs. You want the best possible fit between your child's particular interests, strengths, and needs. It is important that your child's specific needs be identified and carefully considered when enrolling in community programs. The following tips will help ensure success:

- Research the types of services available in your community/area by talking to other families and community programs where your family is already involved.
- Visit several programs to evaluate the services offered. Talk with the program administrator about your child's special needs. Talk to other parents whose children attend the program.
- Check on the programs health and safety policies and procedures.

- Bring your child for a visit to the program so that your child and the program staff can get to know each other. You and the program administrator can together develop a plan for your child that will be mindful of your child's strengths and challenges.
- Offer the program administrator the option of talking with other people who may already be working with your child. This could be your child's pediatrician, school nurse, therapist or teacher. They may be able to provide additional information regarding you child's abilities and offer suggestions for working with your child.
- After entering your child in a community program, communicate with the staff on an ongoing basis. You can help support each other in setting up and maintaining the best possible care for your child. Tell them when you are pleased as well as when there is an area of concern.

You are the expert when it comes to your child. Part of locating quality community services involves your ability to choose a program that reflects your hopes and ideals and meets your child's specific developmental needs. ***Ongoing communication*** is the key to a successful fit between your child, your family and community services.

Q. What kinds of programs will best meet your child's needs?

Be clear about the type of services you feel will be most beneficial to your child. You may want to consider the following:

- What type of activities does your child enjoy such as being with friends, sports, trips or crafts?
- What are your child's greatest strengths that you may want to emphasize and build on?
- Is your child very physical and might enjoy an activity that requires a great deal of physical energy?
- Does you child tend to thrive in quieter, less active environments such as a library story hour?
- Is the program safe for your child? Will the area require any rearranging, such as widening aisles for a child in a wheelchair? Check to ensure that the entrances, exits, play areas and bathrooms are accessible.
- Does your child use special equipment? Is the staff familiar with using the equipment or can they be taught to use the specific equipment?

If your child requires a great deal of one-to-one, you may want to consider a community program with fewer children where more individual attention is offered.

Q. Can you expect the community program administrator to be expert in working with children with special needs?

No. The program administrator and staff, most likely are not going to be experts in working with a child with special needs. Like you, the community program can learn to work successfully with your child. Try to think of some of the questions and concerns you may have had in the past. The community program staff will feel most capable of caring for your child if you can provide both information and support.

Q. Does the program's understanding of your child's disability matter?

Absolutely! It is important that the program staff become knowledgeable regarding your child's disability. You may need to help them understand that a disability says very little about what your child can do and that your child is a child first! You can help dispel any notions or preconceived ideas about children with special needs that the program may have. You may want to bring or suggest some literature or videos that you have found helpful. You may want to bring a copy of this guide and use the Child Planner in working with the program administrator.

By working with the administrator on the Child Planner, you help the program think through their activities and let them know that you and other community specialists, who know your child, are there to support them. The Child Planner can be used to highlight what your child can do on his/her own, when they will need assistance and also suggests to the staff how to help your child learn new skills that you can reinforce at home.

Q. What will the community program staff need to know about your child?

Be open and informative concerning you child's specific needs. Tell the staff what your child will require in the way of care. We know that a particular diagnosis or disability says very little about what your child can do, his/her abilities and areas where they need support. It is important that you help the community program staff think through the activities and tasks that you child will participate in and how best your child can be included. Educate the staff about what will be required and together develop an organized plan for your child's successful inclusion. Of note, ***teaching programs about how to work with your child is a wonderful form of advocacy and not only opens the door for your child, but for other children with special needs.***

Q. Can the community program give you references?

Ask the program administrator for the names of several families that you can contact. Find out if there is a parent of a child with special needs currently enrolled who would be willing to talk about their experience with the program. Ask other families in the community what programs they would recommend and have enrolled their children in.

Q. Can you and the community program administrator agree on a trial period to evaluate the quality of services and fit for your child?

If there is a question about whether the program can accommodate your child, perhaps you and the administrator can agree to a trial period or part-time attendance in the program. This will give you and the program staff a period of time to see if they can meet your child's needs.

Q. What policies does the community program have for dealing with emergencies and other medical concerns?

Ask the program administrator about the following: Can the program handle an emergency in a calm and effective manner? Do they give any medication to children already in the program? Is the program willing to give your child medication on a regular basis if needed? Does the program have formal policies/procedures on administering medication that you can review?

Q. How much attention does your child require and how is the program going to meet this need?

How much one-to-one supervision does your child require? Does the program have the staffing to help your child with his/her unique needs such as playing, feeding or transitioning from one activity to another? How will your child's needs for care/support impact on the program's responsibility to other children in the group? You and the program administrator will have to consider how much time your child's care will require and realistically balance it against the needs of all the children. Inclusion only works when a child with special needs gets the support they need, the chance to do what they can for themselves and the commitment that they can be included in the majority of the program's activities and engaged in an alternate activity when appropriate.

Q. If my child has highly specialized needs, can our family be charged for these services?

It depends. If the service is required by the ADA, a surcharge cannot be imposed on your family. However, if the special service goes beyond what is required by law, then you can be charged for these services. For instance, if a child required an involved medical procedure that can only be managed by licensed medical personnel, and the program does not normally employ such staff, the program would not be required to provide the medical services under the ADA. If the community program chooses to go beyond its legal obligation and provide the services, it may charge the family.

However, if a program is asked to do a simple procedure that is required by the ADA — such as a finger-prick blood glucose test for children with diabetes — it cannot charge your family extra for this service. To help offset the cost of such services, that are required by the ADA, including but not limited to architectural barrier removal, providing sign language interpreters, or purchasing adaptive equipment, some tax credits and deductions may be available to the program.

Q. Is the program aware of your child's strengths and abilities?

Try to determine how well the program will foster independence and allow your child to do as much as s/he can on its own. Help to dispel any misperceptions or preconceived ideas about what children with special needs can and cannot accomplish. Does the program administrator/staff realize that your child can develop many skills if given encouragement and support? Can the program help your child to try new things?

Q. What are my child's rights if the community program is full?

If the community program is full and they have a waiting list, your child may be placed on the waiting list with the other applicants. The program does not have to accept children with special needs ahead of other children and community programs are not required to take children with disabilities out of turn.

Q. Should I try to arrange for my child with special needs and their siblings to attend the same community program together?

It depends. You may feel that the other children in your family should "look out for" their brother or sister with a disability. This is natural and typically what happens in most families with older and younger siblings — with the more capable children being responsible for their more vulnerable brother or sister. This can be both positive and negative as it allows the child who is doing the caretaking to feel responsible, that they are trustworthy, have some authority and that they can take pride in their accomplishments. On the other hand, sometimes children feel burdened by the responsibility and can become resentful. They may need opportunities to relax and enjoy themselves on their own.

As the oldest of four, I was always in charge and told to set the "example". Did you have similar experiences as a child? Or were you one of the children that were looked after? Either way, it is important that all families nurture each of their children for who they are and make time for their individual needs. Sometimes siblings have a great deal of fun experiencing the same activity together and enjoy the activity as a family unit. Sometimes the other children in the family just need to be kids. They may want the opportunity to participate in something just for them, that does not include their sibling with special needs. All the children in your family need to know that their interests and talents will be encouraged and that there will be time for them to be with their friends and also have some special time with their parents.

What you decide about program participation should be based on the particular interests and needs of the individual children in your family and your goals. Having your children enrolled together might be a good first time experience for a child who has never been in a community program before. On the other hand, enrolling children in separate programs promotes social skill development and peer interaction, as the child would not be able to rely on their sibling for support. It will be important to decide if all your children would enjoy the community program or if the main reason to have them in a program together would be to have your typically developing child "be responsible" for their brother or sister with special needs. You will also need to know what the community program will expect if you enroll your children together.

Some questions to consider when deciding about community programming for your children includes the following:

- Is this an activity that they will all equally enjoy and have similar interest in?
- Can you ask your children individually how they feel about being in the program together?
- Can the program nurture them as individuals?
- Will the children be in the same group or have the opportunity to make new friends in separate groups?
- Would the program expect your son or daughter to have direct, ongoing responsibility for their sibling with special needs?
- Would your child be expected to help out if your other child had an emergency?

You may want to ask the program administrator what their expectations would be if several of your children enrolled in the program. If the program might expect your other child to help out, you may want to discuss with the administrator how your child with special needs would be assisted if their sibling were not present.

Q. What is the impact of siblings on each other anyway?

In the world of child development, we have most often focused on the influences that moms and dads have on their children's development. However, we have come to learn that siblings are major influences in the development of their brothers and sisters identity and personality. Sisters and brothers share the same generation, share roughly half of their genes, share parents and a unique history. Within brief amounts of time brothers and sisters laugh, fight, hug and play together. Siblings are family members who share a deep connection and yet by virtue of them being boys, girls, oldest, youngest, or in the middle, have temperamental differences, and special needs — they are also different from each other.

In families with children with special needs, siblings may routinely face situations that are not experienced by other children and may have some additional worries and concerns. They may have to answers questions asked by friends, classmates and strangers. Sometimes siblings are put in the situation of having to defend their brother or sister with special needs and may have a level of maturity not required of their peers.

Brothers and sisters in a family with a sibling with special needs may have to be patient and wait their turn as families focus on caring for the child with a disability. Child development specialists sometimes use the term "parentified child" to refer to a child/children in a family who sometimes, perhaps unconsciously, are asked to act older than they are, asked to be good and asked to delay their needs until someone else is attended to first. Sometimes in today's "hurried world", families may forget that the siblings of children with special needs have needs of their own and that they are, after all, still children.

Information on Sibshops, workshops for siblings of children with special needs, is included in the Resource/Referral section of this guide.

About Child Care Options

Q. Are there different types of child care in New Jersey and are they licensed?

In New Jersey there are several different types of child care which include the following:

- Child care centers offer care for six or more children and are licensed by the state, which means they meet some basic requirements.
- Family day care is defined in New Jersey as care provided in someone's home for five or less children. Family child care homes are not required to be licensed, but the child care provider may voluntarily register. Voluntary registration offers family day care providers support and monitoring if they choose.
- Another option is for families to hire a nanny or caregiver who comes into the family home to provide child care. In-home care and the agencies, which place in-home caregivers or nannies, are not regulated in New Jersey.

Q. What types of child care centers are licensed in New Jersey?

The NJ Division of Youth and Family Services (DYFS) is responsible for inspecting, issuing licenses, and periodically making unannounced visits to programs they oversee. Visitation is to ensure that programs are meeting minimum standards for health, safety, program size, staff appropriateness and age appropriate activities. DYFS also visits programs in response to any complaints.

DYFS licenses the following types of centers:

- Day care centers with six or more children
- Government sponsored recreational centers serving children under the age of 14
- Drop in care
- Nursery schools
- Nighttime care centers
- Kindergartens that are not part of a private or public school system
- Cooperative schools
- Child care centers for children with special needs
- Child care centers that provide care for children who are sick

Q. Are there any child care programs in New Jersey that are exempt from licensing?

The following settings are not covered by DYFS licensing requirements:

- Care in the family's own home
- Care provided by a family friend or relative
- Care of five or fewer children in a group - Family Child Care
- Summer camps

- Programs run by public or private schools
- Programs operated by government agencies

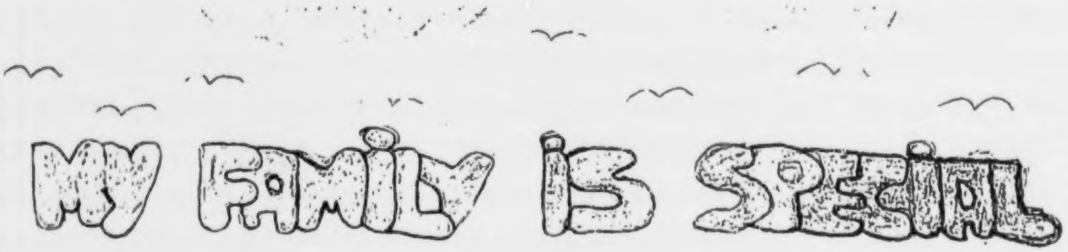
Q. Does the Americans with Disabilities Act (ADA) also cover child care centers?

Yes, child care centers, which are both private and public, must comply with the ADA. This also includes child care services provided by government agencies including Head Start, summer programs and extended school day programs. The only exception is child care centers that are formally run by religious entities such as synagogues, mosques or churches. However, private child care centers that are operating in facilities owned by religious organizations are usually *not* exempt from the ADA. By the way the ADA also covers private schools, recreation centers, movie theatres, banks and restaurants.

Q. Can a community child care program refuse to accept my child because s/he needs individualized attention?

No. Most all children, whether they have identified special needs or not, require some individualized attention from time to time. If a child needs one-to-one attention due to a disability and can be integrated without fundamentally altering the child care program, the child cannot be excluded solely because the child needs some one-to-one help.

As an example, if a child with Cerebral Palsy and significant physical impairment applies for admission and needs one-to-one care to benefit from the child care program, and a personal assistant will be provided at no cost to the child care center (usually by the parents or through a government program), the child cannot be excluded from the program solely because of the need for one-to-one care. Any modification necessary to include a child with a disability must be made if they are reasonable and would not fundamentally alter the program. This is not to suggest that all children with Cerebral Palsy need one-to-one care or must be accompanied by a personal assistant in order to be successfully integrated into an inclusive child care program. As in other situations, an individualized assessment is required. Of note, the ADA generally does not require centers to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.



Artwork by Jessica & Celilia

Successful Inclusion — Child Planner Guided Questions

These are some general questions that may guide you and the child's family in completing the Child Planner. Of note, the Child Planner Guided Questions and Child Planner will take approximately 45 minutes to an hour to complete. If the family has been given the planner before and has had some time to make some notes, less time may be required. The meeting should occur in a quiet, private location. This ensures that there is time for discussion and that the conversation will not be overheard. The Child Planner is a starting point and will most likely need modification as you get to know and work with the child.

The discussion with the family should focus on the specific activities of your community program and how the child can be most successful. The program administrator will need to describe their program to the family, or better yet, invite the parent/guardian to visit the program while activities are occurring, so that you can jointly decide on how the program can include the child.

When thinking about the child's functioning, you need to discuss with the family how the child typically functions on a day-to-day basis. A diagnosis says very little about what a child can and cannot do. You will want to establish the child's level of independence, need for assistance and ability to participate in the routines of your program. Program routines/activities that are challenging for the child may require the program staff to assist the child with specific tasks.

The open-ended questions that are included here gives the family the opportunity to answer fully about their child's strengths and challenges. You will need to focus on:

- Changing the environment to be more supportive to the child
- Changing the expectations for the child
- Helping to coach the child in learning new skills

If, after completing the Child Planner, it is still unclear how the child will fit in, you may want to offer a Welcome Visit so that the child and family can visit the community program together. This should occur when the program is in operation with staff and other children present.

This gives the program administrator, staff and family the opportunity to decide if they share a common view of the child's strengths and challenges. If even after the visit, it is not certain that the community program can accommodate the child, perhaps you can agree to a trial period or part-time attendance in the program. This will give the family and program staff a period of time to see if they can meet the child's needs.

General Questions to be discussed with the child's parent/guardian:

- What makes your child happy?
- What does your child enjoy doing the most?
- What is your child's greatest accomplishment?
- Does your child seem to keep up with other children of similar age? (Able to do more, about the same as, less).

Special Needs

- Does your child have any special needs? Can you tell me about them?
- Do you think your child's special needs will impact on their participation and enjoyment of our program? If so, how?
- What do you think we can do together to make this a successful experience for your child?
- Are there other professionals who have worked with your child that can help us better understand how we might best support your child?
- Do you belong to any or know of any organizations that may be able to offer some supports to our staff in working with you and your child?
- Do you have any other suggestions that you think would be helpful?

Communication — Speech and Language

- How does your child communicate best? (Words, gestures, points, takes you to what s/he wants, cries).
- Is your child frustrated if their language is not understood?
- Is your child able to be understood by people outside of the family?
- Is your child able to ask and answer simple questions?
- How might someone know that your child was having difficulty?

- How does your child usually make their needs known? (Wishes, preferences, asking for help).
- Is your child able to follow simple one or two-step directions?

Sensory

- How does your child react to touch, hearing and sight?
- How does your child react to environmental sounds and voices?
- Does your child become upset by having bare feet, getting their hands wet or dirty or having their clothes changed?

Adaptive/Self-Help — Eating, Dressing, Toileting

- Is your child self-sufficient or does s/he need assistance with dressing, or toileting? What specific type of help might your child need?
- What are your child's toileting routines? Is your child toilet trained? If not, what will your child need in the way of help?
- Does your child need assistance in eating solid foods or with drinking? If so, what kind of help might your child need? (Bottle, cup, fingers, utensils).
- Is your child able to eat a variety of foods? (Textures, lumps, consistency, color).
- Will your child sit for a snack/meal?

Motor Skills — Fine and Gross

- Does your child have any physical limitations? If so, what specific type of help might your child need?
- Is your child able to run, jump and climb up and down stairs?
- Does your child have any problems with fine motor skills, such as holding a crayon, buttoning their coat, zipping a zipper, holding a utensil? If so, how do you assist him/her at home?

Social and Emotional

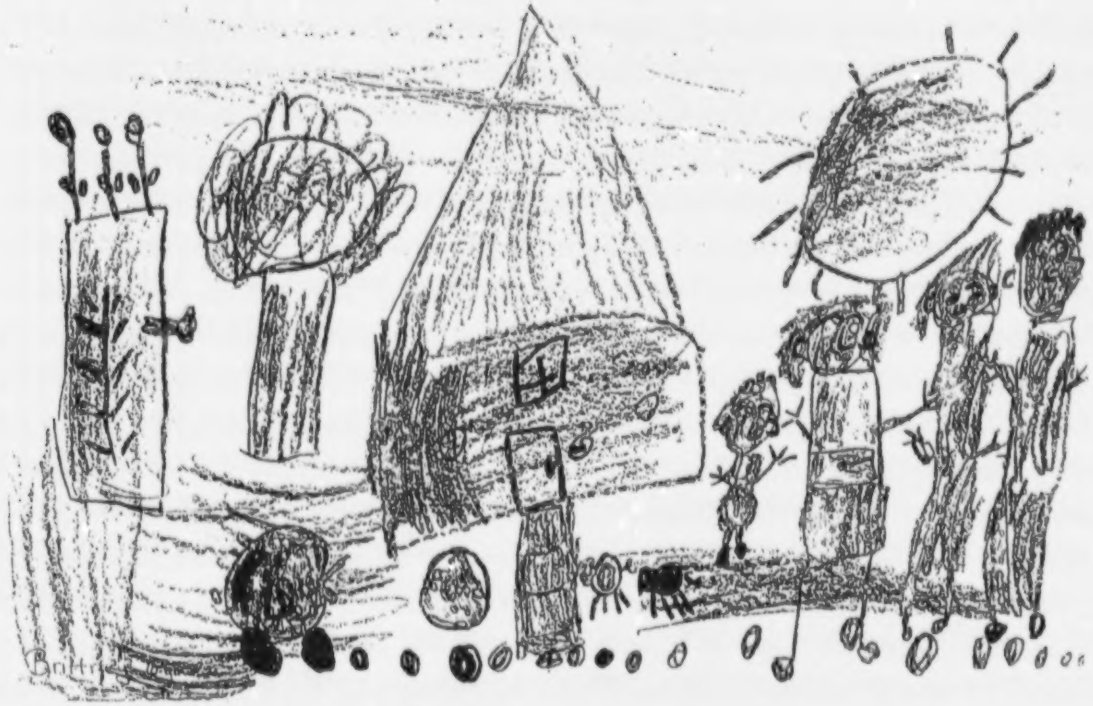
- How does your child adapt to routines? Changes in routine?
- Does your child enjoy participating in group activities?
- What are your child's favorite activities and toys s/he likes to play with?
- Does your child like to play near other children or join other children to play?
- Is your child able to take turns?
- Is your child able to share?
- Is your child unusually dependent on adults?
- Is your child able to negotiate and compromise?
- How does your child react when things do not go their way?
- Is your child able to reason about their feelings, or do they tend to react?
- Do you think your child is able to express caring and compassion for other children?

Daily Activities – Health and Safety

- Do you have any safety concerns for your child? (Frequent falls, jumping off furniture, running without looking, going up and down stairs).
- Does your child have a special or restricted diet?
  If so, what are the food restrictions?
- Does your child require any special equipment on a day-to-day basis?
  If so what type of equipment does/he use?
- Does your child require any medication or treatment while in the program?
  If so, what are his/her medication or treatment needs?
- May I talk to your (pediatrician, family practice physician, specialist, early intervention provider, child study team, case manager) regarding your child's health needs? If so, this will require you signing a release of information? Is this ok with you?
- Does your child require one-to-one supervision for extended periods of time? If so, for what type of activities and for what length of time?

Other

- What do you hope that your child will gain from participation in this program?
- Do you have any other suggestions on what may help your child be successful in this program?
- Is there anything else about your child that we either did not touch on or we need to talk about in greater depth?
- Do you have any additional comments or questions?



Artwork by Brittney, age 6

Child Planner (page 1 of 2)

Child's Name: ____________ Age: ________ Parent's Signature: ____________

Today's Date: ____________ Provider's Signature: ____________

Program Activities	Child Strength Can Do Independently	Child Needs Support	Who Will Assist – Staff, Family, Community Supports	Tasks
Speech/ Language	Betsy is able to make her needs known and communicates clearly. When in a hurry, Betsy may give one-word answers.	Betsy may need to be reminded to talk in sentences and talk more slowly.	Gayle and Brenda — Child Care Aides to work with Betsy and her mother to encourage speech. Mother has given written permission for us to contact the school child study team who is also working with Betsy.	Observe Betsy with other children. Praise for speaking in sentences. Encourage Betsy to use full sentences and take her time when talking.
Sensory	Betsy functions well in all environments.	No Concerns		
Adaptive/ Self-Help Eating, Dressing, Toileting	Betsy eats independently, but sometimes talks while eating. Betsy dresses and uses toilet independently.	Encourage Betsy to finish her meal.	Gayle or Brenda	Staff may need to sit by Betsy or remove her from group to finish her meal.
Motor Skills, Fine and Gross Motor	Betsy is able to hold a crayon and can help with buttoning and unbuttoning her clothing. Betsy can run, jump, and climb up and down stairs independently.	No Concerns		

Child Planner (page 2 of 2)

Child's Name: ______________________ Age: ________ Parent's Signature: ______________________

Today's Date: ______________________ Provider's Signature: ______________________

Program Activities	Child Strength Can Do Independently	Child Needs Support	Who Will Assist – Staff, Family, Community Supports	Tasks
Social/ Emotional	Betsy enjoys other children but she can be aggressive at times when her needs are not met.	Remind Betsy to participate in turn taking. Work on redirection. Place in "Quiet Corner" if she becomes overactive.	Gayle and mother will work on behavior management techniques that are successful at home and in school. Mother has video on "ABCs of Behavior" which she will lend center.	Offer praise/reward when Betsy cooperates. Eye contact will be established and Betsy will be redirected. "Quite Corner" will be used in a positive manner for Betsy and other children who need to calm down.
Daily Activities Health/Safety	Betsy enjoys good general health.	No concerns		
Special Needs	Betsy takes medication for ADHD, which is given one time a day by mother in the morning. Program staff needs to observe activity level, as medication may need to be adjusted if Betsy becomes easily overexcited and is not able to follow routines.	May need guidance to play and may not be able to sit for story time.	Gayle and Brenda. Mother has given us written permission to speak with kindergarten teacher on managing Betsy if her attention span is an issue. Mother will be notified if Betsy becomes agitated and needs "Quiet Corner" more then one time a day.	Offer Betsy praise for participating in activities and taking turns. May need separate activity during story time, if overexcited, such as doing a puzzle, playing in sandbox or with clay, or coloring. Utilize "Quiet Corner" when needed.
Other	Betsy approaches children and adults positively. She has a sense of humor.	Encourage Betsy to use her social skills and humor in play activities.	Gayle and Brenda	Betsy will be included in mini skits and participate in group creative projects. Offer praise/reward for appropriate behavior.

Child Planner (page 1 of 2)

Child's Name: ______________________ Age:________ Parent's Signature: ______________________

Today's Date: ____________________ Provider's Signature: ____________________

Program Activities	Child Strength Can Do Independently	Child Needs Support	Who Will Assist – Staff, Family, Community Supports	Tasks
Speech/ Language				
Sensory				
Adaptive/ Self-Help Eating, Dressing, Toileting				
Motor Skills, Fine and Gross Motor				

Child Planner (page 2 of 2)

Child's Name: ______________________ Age:________ Parent's Signature: ______________________

Today's Date: ______________________ Provider's Signature: ______________________

Program Activities	Child Strength Can Do Independently	Child Needs Support	Who Will Assist – Staff, Family, Community Supports	Tasks
Social/ Emotional				
Daily Activities Health/Safety				
Special Needs				
Other				

RELEASE OF INFORMATION

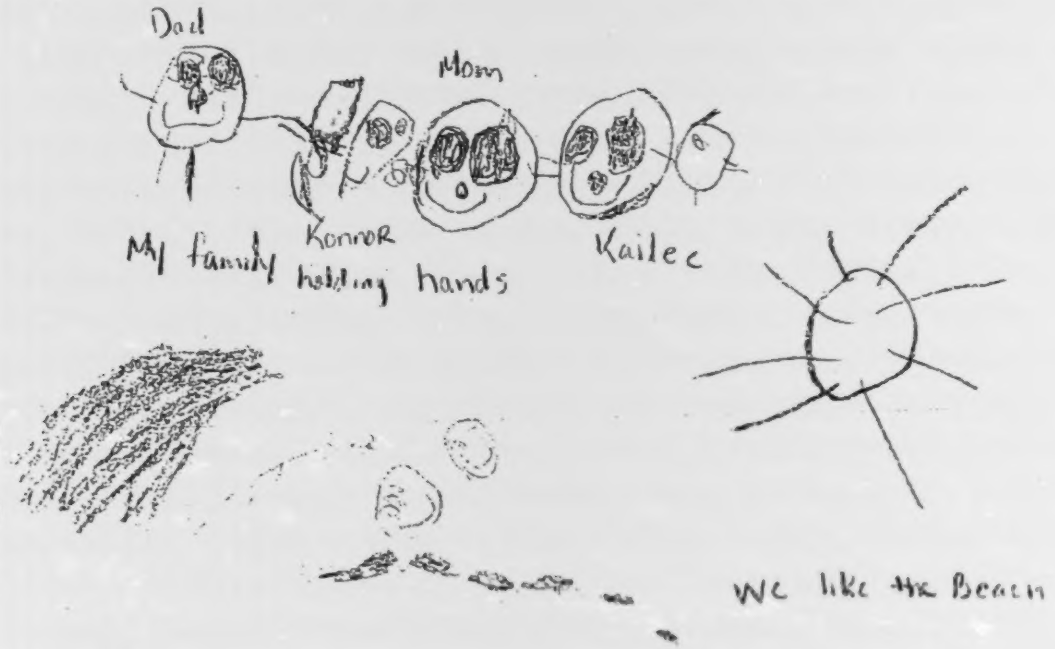
WHY OBTAIN AN AUTHORIZATION FOR RELEASE OF INFORMATION?

Obtaining a release of information is important if you plan to work with other community agencies and professionals who have worked directly with this child. This ensures the greatest possibility of the child's success in your program. You and your staff will be able to benefit from the expertise of others who may have additional suggestions, resources and ideas on how best to support a child with special needs in your program. By obtaining a release of information with collateral contacts you and your staff know that you are not "in this alone." There are other community experts who know this child and will be able to provide direction and assistance.

This also promotes family involvement, as you and the family will determine who needs to be contacted. It makes clear that the family will play an active role in the planning for their child. The additional information will enhance your understanding of the child and may also lead to greater resources and strategies for the family.

A release of information sends a clear message to families that you are looking at the child in a holistic manner. It also tells families you will work with them to set up a support system for the child that has consistency between your community program, other community settings where the child attends and home.

Of note, you should discuss your Authorization for Release of Information policies and procedures with your program's consulting attorney.



Artwork by Kailee, age 4

AUTHORIZATION FOR RELEASE OF INFORMATION

This authorizes ______________________________ to obtain the confidential information specified below from the following agencies/individuals:

1. ______________________________
____
____
____

2. ______________________________
____
____
____

3. ______________________________
____
____
____

The information to be released will be used for professional purposes only:

Child's Name ______________________________

Address ______________________________
____

Date of Birth ______________________________

I understand that by law, I do not have to release this information. However, I choose to do so voluntarily. The potential advantages and disadvantages have been explained to me. I understand that I may cancel this authorization at any time unless the information has already been sent. The authorization will automatically expire one year from the date listed below.

____
Parent/Authorization Representative Date

____
Witness Date

MEDICATION GUIDELINES

You must tell families if you are willing to give children medication. You may choose not to give medication at all. If you decide to give medication, you must establish formal policies and procedures for you and your staff.

If you choose to give medication, the following guidelines should be considered:

Give medication only after receipt of a written signed release of information from the child's parent/guardian.

Obtain a clear understanding from the parent as to under what conditions the medication should be administered; i.e., every day at 3 p.m., when she starts to wheeze.

All medication must be kept in a secure area that is out of reach of children.

Check to see if the medication requires refrigeration.

Any prescription medication for a child must be prescribed for the child in your care.

Prescription medication must be kept in its original container, which has been labeled with the child's name, the name of the medication, the date it was prescribed or updated, and directions for administration.

You should discuss possible side effects with the family and ***may want to contact the physician who prescribed the medication***. If a child shows any side effects from the medication, report it to the family.

Non-prescription (over the counter medication) should only be given according to the directions on the label. Check recommended dosage for child's age/weight as well as time intervals between doses.

Non-prescription medication should be stored in its original container with a childproof cap.

When giving medication, follow directions carefully. For liquid medication use a medicine spoon with marked amounts, not an ordinary teaspoon.

Watch the child to be sure the medication has been swallowed and be sure to put the medicine out of reach right away.

Assign one person the responsibility of administering medication.

You should maintain a Medication Record including:

- Child's name and family authorization
- Name of medication
- Instructions for administering medication, including dosage and frequency
- Time and by whom medication was administered
- Any adverse effects of the medication

NEW JERSEY STATE DEPARTMENT OF HEALTH & SENIOR SERVICES
EARLY INTERVENTION RESOURCES
INFANTS & TODDLERS BIRTH TO 3 YEARS WITH SPECIAL NEEDS

Early intervention services receive state and federal funds through Part C of the Individuals with Disabilities Education Act. The ultimate goal is for children to maximize their potential to lead full, productive lives with their families and within their own communities.

New Jersey's system of early intervention services is a coordinated effort among the New Jersey Department of Health and Senior Services, the New Jersey Department of Human Services, the New Jersey Department of Education and the New Jersey Developmental Disabilities Council. A State Interagency Coordinating Council, appointed by the governor, advises and assists the Department of Health as lead agency in the development and implementation of early intervention for infants and toddlers with developmental delays or disabilities, and their families. Services are available to children, birth to 3, in every county.

Eligibility

Each child is evaluated by a multidisciplinary team, which includes the child's family. If the child is not eligible for early intervention, recommendations may be made for referral to other appropriate resources. If the child is eligible, as determined by a medical diagnosis or developmental evaluation, an Individualized Family Service Plan to meet the needs of the child and the family will be developed by the team.

Criteria

- Developmental delay of 25 percent in two or more developmental areas (cognitive; physical, including gross motor, fine motor, vision and hearing; communication, social/emotional or adaptive); or
- Developmental delay of 33 percent in one developmental area; or
- A medically diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

DHSS

New Jersey Dept. of Health & Senior Services
Early Intervention Program
Terry Harrison, Part C Coordinator
CN 364
Trenton, NJ 08625-0364
(609) 777-7734
Fax: (609) 292-3580

Regional Collaboratives

The Regional Early Intervention Collaboratives (REIC's) are independent, non-profit corporations established to provide a community-based, culturally competent and consumer-driven early intervention system. The collaboratives are responsible for conducting assessments to identify regional needs; developing plans to address these needs; understanding and supporting family preferences and qualify of life; and actively involving families and community in every aspect of system development. Contact the regional collaboratives for general information about early intervention or if you experience difficulty obtaining services.

Helpful Hands; Northeast Regional Early Intervention Collaborative
Patti Ciccone, Executive Director
57 Willowbrook Blvd., Suite 303
Wayne, NJ 07470
(973) 256-8484
Fax: (973) 256-1233
(Bergen, Hudson, Passaic Counties)

Southern Regional Early Intervention Collaborative
Jennifer F. Buzby, Executive Director
Winslow Professional Building
339 South Route 73, Suite 6
Berlin, NJ 08009
(856) 768-6747
Fax: (856) 768-7608
(Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties)

Family Link, A Regional Early Intervention Collaborative
Susan Marcario, Executive Director
2333 Morris Ave. Suite A-20 (2nd Floor)
Union, NJ 07083
(908) 964-5303
Fax: (908) 964-6091
(Essex. Morris, Sussex, Union, Warren Counties)

Mid-Jersey CARES for Special Children REIC
Cynthia Newman, Director, Regional Early Intervention Programs CNJMCHC, Inc.
501 Hoes Lane, Suite 206
Piscataway, NJ 08854
(732) 699-0944
Fax: (732) 699-1218
(Hunterdon, Mercer, Middlesex, Monmouth, Ocean and Somerset Counties)

Artwork by Nicholas, age 9

NEW JERSEY STATE DEPARTMENT OF HEALTH AND SENIOR SERVICES
SPECIAL CHILD HEALTH SERVICES PROGRAM
COUNTY CASE MANAGEMENT UNITS

Obtaining Services

The county-based Special Child Health Services' Service Coordination Units are the single points of entry into the early intervention system. They provide services for infants and toddlers birth to 3 years with special needs. With family consent, anyone may call to make a referral. The unit will assign a service coordinator and work with the family. The service coordinator will arrange evaluation for eligibility at no cost to the family.

The Special Child Health Service Units also provide case management services for infants, toddlers & children, birth to age 21, who have developmental delays, disabilities or medical conditions, as well as support for their families.

Atlantic County SCHS-CMU
Dept. of Intergenerational Services
101 South Shore Road
Northfield, NJ 08225-2320
(609) 645-7700 ext. 4358
Fax: (609) 645-5907

Bergen County SCHS-CMU
Bergen County Dept. of Health Services
327 East Ridgewood Ave. 2nd Floor
Paramus, NJ 07652-4895
(201) 599-6153
Fax: (201) 599-8947

Burlington County SCHS-CMU
Burlington County Dept. of Health Services
Raphael Meadow Health Center
P.O. Box 287, Woodlane Road
Mount Holly, NJ 08060-0287
(609) 267-1950 Fax: (609) 702-0541

Camden County SCHS-CMU
Camden County Division of Health
Jefferson House
Lakeland Road, P.O. Box 9
Blackwood, NJ 08012-0009
(856) 374-6004 or (800) 999-9045
Fax: (856) 374-9734

Cape May SCHS-CMU
Cape May Dept. of Health
6 Moore Road, Crest Haven Complex
Cape May Court House, NJ 08210
(609) 465-1202 Fax: (609) 463-3527

Cumberland County SCHS-CMU
Cumberland County Dept. of Health
790 East Commerce Street
Bridgeton, NJ 08302-2293
(856) 453-2154
Fax: (856) 453-0338

Essex County SCHS-CMU
County of Essex
Office of Alcohol and Drug Abuse
Unit of Special Child Health Services
160 Fairview Ave., Rawson Hall, Bldg. #37
Cedar Grove, NJ 07009
(973) 857-4663 or 857-4745
Fax: (973) 857-2842

Gloucester County SCHS-CMU
Gloucester County Health Department
160 Fries Mill Road
Turnersville, NJ 08012-2496
(856) 262-4157
Fax: (856) 629-0469

Hudson County SCHS-CMU
Jersey City Medical Center
50 Baldwin Ave., Dept. 2124, 12th Floor
Jersey City, NJ 07304-3199
(201) 915-2514 Fax: (201) 915-2565

Hunterdon County SCHS – CMU
Hunterdon Medical Center
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6398 Fax: (908) 788-6581

Mercer County SCHS-CMU
Project Child
Mercer Co. Special Services School District
129 Bull Run Road, Sypek Center
Pennington, NJ 08543
(609) 730-4152
Fax: (609) 730-4154

Middlesex County SCHS-CMU
Middlesex County Admin. Bldg.
JFK Square, 75 Bayard Street, 5th Floor
New Brunswick, NJ 08901-3605
(732) 745-3100 Fax: (732) 745-2568

Monmouth County SCHS-CMU
Visiting Nurse Association
141 Bodman Place
Red Bank, NJ 07712
(732) 224-6950
Fax: (732) 747-4404

Morris County SCHS-CMU
Morristown Memorial Hospital
100 Madison Ave., Box 99
Morristown, NJ 07962-1956
(973) 971-4155
Fax: (973) 290-7358

Ocean County SCHS-CMU
Ocean County Dept. of Health
P.O. Box 2191, 175 Sunset Ave.
Toms River, NJ 08754-2191
(732) 341-9700 ext. 7602
Fax: (732) 341-5461

Passaic County SCHS-CMU
Catholic Family and Community Services
279 Carroll Street
Paterson, NJ 07501
(973) 523-6778
Fax: (973) 523-7715

Salem County SCHS-CMU
Salem County Dept. of Health
98 Market Street
Salem, NJ 08079-1911
(856) 935-7510 ext. 8479
(856-935-8483

Somerset County SCHS-CMU
Somerset Handicapped Children's Treatment Ctr
377 Union Ave.
Bridgewater, NJ 08807-0824
(908) 725-2366
Fax: (908) 725-3945

Sussex County SCHS-CMU
Sussex County Health Department
Division of Public Health Nursing
129 Morris Turnpike
Newton, NJ 07860
(973) 948-5400 ext. 62
Fax: (973) 948-2270

Union County SCHS-CMU
328 South Ave.
Fanwood, NJ 07023
(908) 889-0950 ext. 48
Fax: (908) 889-7535

Warren County SCHS-CMU
Warren County Health Department
162 East Washington Ave.
Washington, NJ 07882-2196
(908) 689-6000 ext. 258 or 257
Fax: (908) 835-1172

CHILD EVALUATION CENTERS

Child evaluation, diagnostic work-up and other specialty health services.

Barbara Marcelo Evans, M.D. Medical Director
Cooper Hospital/University Medical Center
Three Cooper Plaza
Camden, New Jersey 08103-1489
(856) 342-2257

Norma Altreche, LCSW
Jersey City Medical Center
Center for Children with Special Needs
50 Baldwin Avenue, 11th Floor Clinic Bldg.
Jersey City, New Jersey 07304
(201) 915-2577

Anthony DeSpirito, M.D. Medical Director
Jersey Shore Medical Center
1945 Corlies Ave., Highway 33 East
Neptune, NJ 07754-4896
(732) 776-4178

Patricia Munday, Director of Child Evaluations
John F. Kennedy Medical Center
Pediatric Rehabilitation Dept.
2050 Oak Tree Road, 2nd Floor
Edison, NJ 08820-2012
(732) 548-7610

Roberta DiHoff, Director, Ph.D.
Newcomb Medical Center
Child Evaluation Center
65 South State Street
Vineland, NJ 08360-4893
(856) 696-1035

Joan Ferraer, Administrative Director
St. Joseph's Medical Center
Department of Pediatrics
703 Main Street
Paterson, NJ 07503
(973) 754-2000 Fax: (973) 754-3686

Barbara Caspi, Program Administrator
Children's Hospital of New Jersey at Newark
Beth Israel Medical Center
Child Evaluation Center
201 Lyons Ave.
Newark, NJ 07112
(973) 926-6688

Teri Criscione, Manager
Morristown Memorial Hospital
Child Evaluation Center
Box 60, 100 Madison Ave.
Morristown, NJ 07960-6095
(973) 971-4235

Gail Burack, Ph.D, Coordinator
Laurie Neurodevelopment Institute
Child Evaluation Center
97 Paterson St.
New Brunswick, NJ 08903
(732) 235-7080

UMDNJ/NJ Medical School
Division of Child Development
185 South Orange Ave. F 509
Newark, NJ 07103-2714
(973) 972-1005

Don Nowill, Administrator
Children's Seashore House of The Children's Hospital of Philadelphia
Child Evaluation Center
35 South Annapolis Ave.
Atlantic City, NJ 08401
(609) 347-6157

Maternal and Child Health
The Maternal and Child Health and Regional Services Unit supports a regionalized perinatal system and provides epidemiology services based on infant mortality and morbidity surveillance units. Funding and coordination are provided to the Healthy Mothers/Healthy Babies Coalitions, the MCH Consortia, and a network of specialized perinatal services for pregnant women at risk. This network includes high-risk obstetric clinics and risk reduction centers.

Maternal and Child Community Health Services (609) 292-5616

Newborn Biochemical Screening Program (609) 292-1582

Pharmaceutical Assistance to the Aged and Disabled (PAAD)
The PAAD program, in the Department of Health and Senior Services, provides financial assistance for prescription medicines and certain pharmacy items. Apply through your county's Office on Aging, your local pharmacy or the PAAD program office at (800) 792-9745.

Pharmaceutical Assistance Program (PAP)
Many pharmaceutical companies have programs to assist consumers who have limited income and who are without health insurance, which covers the cost of medications. For specific information about PAP. Please contact the New Jersey State Office on Disability Services at (888) 285-3036.

Supplemental Nutrition
The purpose of the Supplemental Nutrition Program for Women, Infants and Children (WIC) is to improve the nutritional and health status of eligible pregnant, breastfeeding and postpartum women, infants and children. Pregnant, breast-feeding and postpartum women, infants and children from families with inadequate income are at special risk in respect to their physical and mental health. Poor nutrition and inadequate preventive health care are the predominate factors contributing to these increased risks.

Eligible participants receive supplemental foods containing nutrients. Nutrition education is the cornerstone of the program. Participants receive both individual and peer-counseling sessions designed to improve their health status and habits.

For Local WIC Agencies
(800) 328-3838

Breast Feeding Support Services
LaLeche League of New Jersey
Northern/Central: (908) 753-4887
Southern: (609) 347-8900

INFORMATION ON MANAGED CARE

New Jersey residents who want to know what their rights are under managed health care plans have a new resource, the New Jersey Managed Health Care Consumer Assistance Program, sponsored by the State Department of Health and Human Services. Questions about health coverage, help in filing a complaint against a company or assistance in filing an appeal of a decision made by a managed health care organization can be obtained by calling toll free (888) 838-3180 or by going online at: www.managedcarehelpline.org.

ASSISTANCE FOR HEALTH NEEDS

New Jersey Family Care

New Jersey Family Care is a special program for people who are not eligible for the traditional Medicaid program, but who cannot afford needed health care. To qualify, a person must meet the disability definition of the Social Security Administration and fall within specific income limits. Applications are through the county board of social services.

County Boards of Social Service

Atlantic County	(609) 348-3001
Bergen County	(201) 368-4200
Burlington County	(609) 261-1000
Camden County	(856) 225-8800
Cape May County	(609) 886-6200
Cumberland County	(856) 691-4600
Essex County	(973) 733-3000
Gloucester County	(856) 582-9200
Hudson County	(201) 420-3000
Hunterdon County	(908) 788-1300
Mercer County	(609) 989-4320
Middlesex County	(732) 745-3500
Monmouth County	(732) 431-6000
Morris County	(973) 326-7800
Ocean County	(732) 349-1500
Passaic County	(973) 881-0100
Salem County	(856) 299-7200
Somerset County	(908) 526-8800
Sussex County	(973) 383-3600
Union County	(908) 965-2700
Warren County	(908) 475-6301

Catastrophic Illness in Children Relief Fund Commission
P.O. Box 700
Trenton, NJ 08625-0700
(609) 292-0600
Family Information Line: (800) 355-FUND

The Castastrophic Illness in Children Relief Fund was established by legislation to provide financial assistance for families whose children have experienced an illness or condition which is not otherwise covered by insurance, State or Federal programs, or other source, such as fundraising.

The Fund is intended to assist in preserving a family's ability to cope with the responsibilities which accompany a child's significant health problems.

NEW JERSEY STATE DEPARTMENT OF EDUCATION

The Department of Education is responsible for overseeing more than 600 school districts, and administering education programs to more than 1.4 million public and nonpublic elementary and secondary school children. The Office of Special Education Programs, within the Division of Student Services, has oversight responsibilities for the provision of education and related support services to students with disabilities, ages 3 to 21.

Department of Education
P.O. Box 500
Trenton, NJ 08625-0500
(609) 292-4469 Fax: (609) 777-4099

Division of Student Services
P.O. Box 500
Trenton, NJ 08625-0500
(609) 292-9899

Office of Special Educational Programs
P.O. Box 500
Trenton, NJ 08625-0500
(609) 292-0147 Fax: (609) 984-8422

Project CHILD FIND
(800) 322-8174
C/O NJ Dept. of Education
Identifies early intervention, preschool and special education programs in NJ.

Division of Academic and Career Standards
P.O. Box 500
Trenton, NJ 08625-0500
(609) 292-1083

Division of Field Services
P.O. Box 500
Trenton, NJ 08625-0500
(609) 292-4442

Marie Katzenbach School for The Deaf
P.O. Box 535
West Trenton, NJ 08625-0535
(609) 530-3100
TDD: (609) 530-6620
Fax: (609) 530-5791
http://205.148.15.9

LEARNING RESOURCE CENTERS

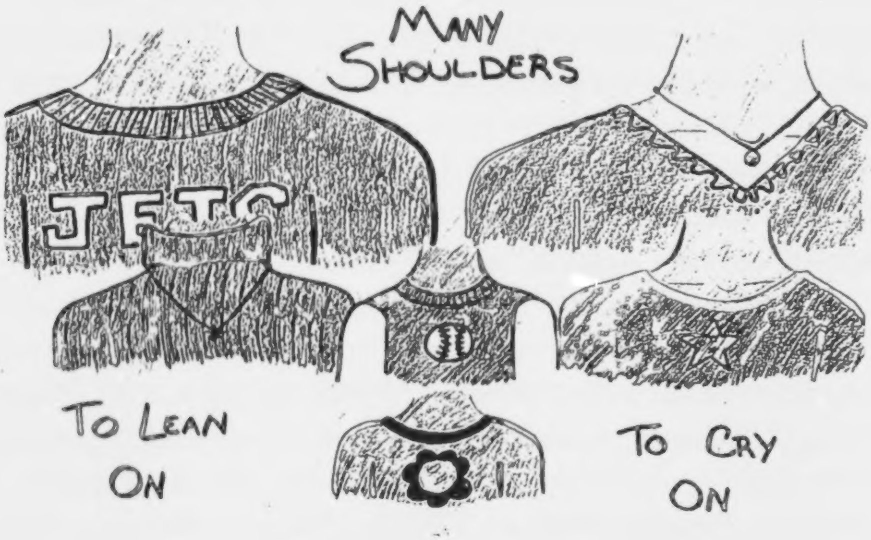
Learning Resource Centers are funded through the Individuals with Disabilities Education Act, Part B Funds. The centers provide research reports, curriculum guides, books, videos and audiotapes, as well as training and in-service workshops, for parents and educators of students with disabilities.

LRC – Northern Region
240 South Harrison Street, 6th Floor
East Orange, NJ 07018
(973) 414-4491
Fax: (973) 414-4496
TDD: (973) 266-1849
Preschool Technical Assistance: (973) 631-6349
Serving: Bergen, Essex, Hudson, Morris, Passaic, Sussex, and Warren Counties

LRC – Central Region
1 Crest Way
Aberdeen, NJ 07747
(732) 441-0061
Fax: (732) 441-0318
TDD: (732) 441-0320
Preschool Technical Assistance:
(732) 441-0460
Serving: Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union Counties

LRC – Northern Satellite
322 American Road
Morris Plains, NJ 07950
(973) 631-6345
Fax: (973) 631-6350
TDD: (973) 631-6490
Preschool Technical Assistance: (973) 631-6349
Serving: Bergen, Essex, Hudson, Morris, Passaic, Sussex, and Warren Counties

LRC – Southern Region
606 Delsea Drive
Sewell, NJ 08080
(856) 582-7000
Fax: (856) 582-4323
TDD: (856) 582-5838
Preschool Technical Assistance:
(856) 583-7000
Serving: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties



Artwork by Lorraine, age 14

SPECIAL EDUCATION DIVISION OF FIELD SERVICES
COUNTY SUPERVISORS OF CHILD STUDY

ATLANTIC
Loy Ehlers, Interim
Atlantic Co. Office of Ed.
6260 Old Harding Hwy.
Mays Landing, NJ 08330
(609) 625-0004, ext. 44
Fax: (609) 625-6539

BERGEN
Vancant
Bergen Co. Office of Ed.
1 Bergen County Plaza Rm.350
Hackensack, NJ 07601-7000
(201) 336-6875
Fax: (201) 336-6880

BURLINGTON
Ms. Deborah Knauss
Burlington Co. Office of Ed.
3 Union Street
PO Box 6000
Mt. Holly, NJ 08060-1824
(609) 265-5938
Fax: (609) 265-5939

CAMDEN
Ms. Cathy Thomas
Camden Co. Office of Ed.
Forest Hall
509 Lakeland Road
Blackwood, NJ 08102
(856) 401-2400
Fax: 856-401-2401

CAPE MAY
Loy Ehlers, Interim
Cape May Co.Office of Ed.
4 Moore Road
Cape May Ct. House, NJ
(609) 465-2720
Fax: (609) 465-2094

CUMBERLAND
Barbara Cianciglini
Cumberland Co. Office of Ed.
19 Landis Ave.
Bridgeton, NJ 08302
(856) 453-0422
Fax: (856) 455-9523

ESSEX
Susan Smahl
Essex Co. Office of Ed.
155 Fairview Ave.
Cedar Grove, NJ 07009
(973) 857-5700
Fax: (973) 239-3492

GLOUCESTER
Ms. Mary Heade
Gloucester Co. Office of Ed.
1492 Tanyard Rd.
Sewell, NJ 08080
(856) 468-6500 ext.72
Fax: (856) 468-9115

HUDSON
Mr. Gary Molenaar
Hudson Co. Office of Ed.
595 Newark Ave.
Jersey City, NJ 07306
(201) 915-6000
Fax: (201) 319-3650

HUNTERDON
Mr. Paul Bilik
Hunterdon Co. Office of Ed
10 Court Street
Flemington, NJ 08822
(908) 788-1414
Fax: (908) 788-1457

74

MERCER
Ms. Carmen Fanucci
Mercer Co. Office of Ed.
1075 Old Trenton Rd.
Trenton, NJ 08690
(609) 588-5873
Fax: (609) 588-5849

MIDDLESEX
Ms. Denise Wilkens
Middlesex Co. Office of Ed
1501 Livingston Ave.
No. Brunswick, NJ 08902
(732) 249-2900 Ext. 3421
Fax: (732) 296-0683

MONMOUTH
Ms. Robbie Friedman
Monmouth Co. Office of Ed.
3435 Hwy # 9
P.O. Box 1264
Freehold, NJ 07728-1264
(732) 431-7812
Fax: (732) 577-0679

MORRIS
Ms. Theresa Schiffenhaus
Morris Co. Office of Ed.
Court House, P.O. Box 900
Morristown, NJ 07963-0900
(973) 285-8336
Fax: (973) 285-8341

OCEAN
Ms. Carmen Fanucci
Ocean Co. Office of Ed.
212 Washington St.
Toms River, NJ 08753
(732) 929-2078
Fax: (732) 244-8242

PASSAIC
Mr. Mitchell Badiner
Passaic Co. Office of Ed.
810 Belmont Ave.
North Haledon, NJ 07508
(973) 304-6020
Fax: (973) 304-0149

SALEM
Barbara Cianciglini
Salem Co. Office of Ed.
94 Market Street – 3rd Floor
Salem, NJ 08079
(856) 935-7510 ext. 441
Fax: (856) 935-6290

SOMERSET
Mr. Paul Bilik
Somerset Co. Office of Ed.
P.O. Box 3000
Somerville, NJ 08876-1262
(908) 231-7171
Fax: (908) 722-6902

SUSSEX
Mrs. Jennifer DeSaye
Sussex Co. Office of Ed.
County Service Bldg.
18 Church St.
Newton, NJ 07871
(973) 579-6996
Fax: (973) 579-6476

UNION
Vacant
Union Co. Office of Ed.
300 North Ave., East
Westfield, NJ 07090
(908) 654-9867
Fax: (908) 654-9869

WARREN
Mrs. Jennifer DeSaye
Warren Co. Office of Ed.
537 Oxford St.
Belvidere, NJ 07823
(908) 475-6327
Fax: (908) 475-3541

NEW JERSEY HEAD START PROGRAMS

Project Head Start is a Federally funded pre-school program for children. Head Start provides a program of comprehensive developmental services based on the needs of the individual child, the child's family and community. Head Start serves children with disabilities in a mainstream environment.

Atlantic Human Resource Head Start
Director: Ms. Carolyn Atherly
Disabilities Specialist: Marlene Kovalevsky
1 S. New York Ave. Suite 313
Atlantic City, NJ 08401
(609) 348-4166
(Atlantic & Cape May Counties)

Babyland Head Start
Director: Mary Smith
755 S. Orange Ave.
Newark, NJ 07106
(973) 399-3400

Bergen County Head Start
Director: Ms. Marilyn Jenkins
Disabilities Specialist: Ellen DeCarlo
C/o St. Cecelia High School
65 West Demarest Ave.
Englewood, NJ 07631
(201) 569-9273

Burlington County Head Start
Director: Ms. Carolyn Henderson
Disabilities Coordinator: Sudeep Dietz
795 Woodlane Ave. and Route 541
Burlington, NJ 08016
(609) 261-2323

Camden Council Economic Opportunity Head Start
Disabilities Specialist: Leigh McKelvey
538 Broadway
Camden, NJ 08102
(856) 541-2028

CCCOFO Head Start-Special Needs Program
Director: Evette Benton
500 Pine Street
Camden, NJ 08103
(856) 964-2100

Central 5/ Jefferson School
Director: Mr. Thomas Tsirikos
115 Hilton Ave.
Vauxhall, NJ 07088
(908) 851-6563

Concerned Parents/Head Start
Director: Celcile Dickey
Disabilities Specialist: Paula Schwartzman
90 Martin Street
Paterson, NJ 07501
(973) 345-9555

East Orange Child Development Corp. Head Start
Director: Sarah Hansford
Disabilities Specialist: Kathleen Mulhall
65 West Demarest Ave.
P.O. Box 890, 42 Chestnut St.
East Orange, NJ 07019
(856) 541-2546
Fax: (973) 266-5386

Gamma House Parent Child Center
Director: Ms. Gladys Adzimah
Disabilities Specialist: Milder Martin
331 Grand Ave.
Camden, NJ 08105
(856) 541-8003

Hackensack Head Start
Director: Kathy Moss
Nurse: Pate Niemic
291 2nd St.
Hackensack, NJ 07601
(201) 342-2936

Head Start Collaboration Project
Capital Place One, 222 S. Warren Street
P.O. Box 700
Trenton, NJ 08625-0700
(609) 633-2546
Fax: (609) 984-7380

Head Start for Family Resources
Director: Ms. Jean Atkins
Disabilities Specialist: Jean Atkins
12 Morris Road
Ringwood, NJ 07456
(973) 962-0055

Hope Head Start
Director: Ms. Ora Welch
301 Garden Street
Hoboken, NJ 07030
(201) 795-4416

Inter-Community Coordination Council Head Start
Director: Thomas Meseck
Disabilities Specialist: Beth Lees
605 Madison Ave.
Asbury Park, NJ 07712
(732) 988-7736

Jersey City Child Development Center, Inc.
Director: Ms. Esther Lee
Disabilities Specialist: Shirley Silver
93 Nelson Ave.
Jersey City, NJ 07307
(201) 656-1500

Leaguers, Inc. Head Start
Director: Ms. Veronica Ray
Disabilities Specialist: Helen Grace
Newark Symphony Hall Bldg.
1020 Broad St., 4th Floor
Newark, NJ 07102
(973) 643-0300

Mercer County Head Start
Director: John Singleton
Disabilities Specialist: Wally Acuna
690 Whitehead Road
Lawrenceville, NJ 08648
(609) 588-5894 or (609) 393-5655
Fax (609) 393-4340

Middlesex County Economic Opportunities Center Head Start
Director: Carol Kempner
Disabilities Specialist: Ruth Halo
1215 Livingston Ave. P.O. Box 7365
North Brunswick, NJ 08903
(732) 846-6600

Montclair Child Development Center
Director: Ms. Audrey Fletcher Lee
Disabilities Specialist: Carolyn Lane
33 Fulton St.
Montclair, NJ 07042
(973) 748-5901 or (973) 783-0220

Morris County Head Start
Director: Eileen Jankunis
Disabilities Specialist: YaTonya Abdullah
18 Thompson Ave.
Dover, NJ 07801
(973) 989-9052

Newark/Friendly Fold Head Start
Director: H. Reid
Disabilities Specialist: Claudette Bailey
555 Martin Luther King Blvd.
Newark, NJ 07102
(973) 642-3143

Newark Preschool Council/Head Start
Director: Beverly Lynn
Disabilities Specialist: Cheryl Colbert
10 Park Place
Newark, NJ 07102
(973) 621-5760

North Hudson Community Action Program Head Start
Director: Ms. Lorraine Johnson
Disabilities Specialist: Kerri Williams
535 41st St.
Union City, NJ 07087
(201) 866-9320 Main x235

Northwest Community Action Program Head Start
Director: Ms. Linda Kane
Disabilities Specialist: Robin Vander Groes
604 Roseberry St
Phillipsburg, NJ 08865
(908) 454-8830 Main Office
(908) 454-7000

Ocean Inc. Head Start
Director: Theodore Gooding
Disabilities Specialist: Eva Patrizio
40 Washington Street
Toms River, NJ 08753
(732) 244-5333

Ocean Lakewood Head Start
Director: Karen Colletti
Disabilities Specialist: Marinel Mukerje
30 East 8th Street
Lakewood, NJ 08701
(732) 364-4333

Passaic City Head Start
Director: Dr. Ramos
Disabilities Specialist: Myrna Toledo
68-72 Third St.
Passaic, NJ 07055
(973) 365-5780

Second Street Youth Center
Director: Ms. Yvonne Thomas
Disabilities Specialist: Ray Wardrick
935 South 2nd St.
Plainfield, NJ 07061
(908) 561-0161

Somerset Community Action Program Head Start
Director: Mr. Issac Dursey
Disabilities Specialist: Denise Ambruso
P.O. Box 119
429 Lewis St.
Somerset, NJ 08873
(732) 246-4049

Trenton Head Start
Director: Ms. Jerry Smith
150 East State St. 5th Floor
Trenton, NJ 08607
(609) 392-3131

Tri County Head Start
Director: Ms. Cynthia Wilkes Moseley
Disability Specialist: Mia Harrison
110 Cohansey St.
Bridgeton, NJ 08302
(856) 453-0803
(Cumberland, Gloucester, Salem Counties)

Union Township Community Action Organization Head Start
Director: Ms. Jennifer Alford
2410 Spring Field Ave.
Vauxhall, NJ 07088
(908) 688-9729

Artwork by Linda, age 6

NEW JERSEY STATE DEPARTMENT OF HUMAN SERVICES

The Department of Human Services, the largest department in state government, provides support services for people with disabilities and their families. Services are also provided for programs regarding mental health consumers, protective service for children, the New Jersey Medicaid program, food stamps, child care, and financial assistance.

Division of Deaf & Hard of Hearing
P.O. Box 074
Trenton, NJ 08625-0074
(800) 792-8339
(609) 984-7281
Fax: (609) 984-0390

Division of Developmental Disabilities
P.O. Box 726
Trenton, NJ 08625-0726
(609) 292-7260
Fax: (609) 292-6610

Division of Disability Services
P.O. Box 700
Trenton, NJ 08625-0700
(609) 292-7800
Fax: (609) 292-1233
TDD: (609) 292-1210

Division of Family Development
P.O. Box 716
Trenton, NJ 08625-0716
(609) 588-2000

Division of Medical Assistance & Health Services
P.O. Box 712
Trenton, NJ 08625-0712
(609) 292-2121
Fax: (609) 588-3853

Division of Mental Health Services
P.O. Box 727
Trenton, NJ 08625-0727
(609) 777-0702
Fax (609) 777-0662

Division of Youth & Family Services
P.O. Box 717
Trenton, NJ 08625-0717
(609) 588-3165
Fax: (609) 588-7239

Office of Education
P.O. Box 710
Trenton, NJ 08625-0710
(609) 588-3165
Fax: (609) 588-7239

Office for Prevention of Mental Retardation & Developmental Disabilities
P.O. Box 700
Trenton, NJ 08625-0700
(609) 984-3351
Fax: (609) 633-7592

COMMUNITY LIVING

Life in the community for people with disabilities involves a range of support, depending on the needs of the individual.

The Division of Developmental Disabilities (DDD), in the Department of Human Services, uses a person centered plan in its approach to meet the support needs of individuals with developmental disabilities. The Division contracts with private agencies throughout the state that provide an array of services. Eligibility is determined through DDD's regional offices.

Residential Services
Residential services in the community include supported living, group homes and supervised apartment programs.

- Group Homes are family-style households shared by six to eight adults who receive guidance and personalized training from full-time staff.
- Supervised Apartments are monitored by staff who visit daily and often live in the complex.
- Supportive Living places individuals in apartments without on-site supervision, but with needed services and on-call assistance.

Family Support
New Jersey recognizes that one of the greatest resources a person with a developmental disability has is his or her own family. The Division of Developmental Disabilities provides services through a number of agencies in its regions, for households that include an individual with a developmental disability.

Services may include respite care, weekend or after-school programs, parent training, or voucher/stipend programs that give families greater flexibility in procuring services on their own.

Division of Developmental Disabilities Regional Offices:

DDD Northern Regional Office
1B Laurel Drive, Flanders, NJ 07836
(973) 927-2606
FAX: (973) 927-2689
Sussex, Warren, Morris, Bergen, Passaic, Hudson Counties

DDD Upper Central Regional Office
59 Main Street
West Orange, NJ 07052
(973) 324-2000
Essex, Somerset, Union Counties

DDD Lower Central Regional Office
222 South Warren St.
P.O. Box 700
Trenton, NJ 08625-0700
(609) 292-4500
Mercer, Middlesex, Ocean, Monmouth, Hunterdon Counties

DDD Southern Regional Office
101 Haddon Ave
Suite 17
Camden, NJ 08103
(609) 890-1991
Burlington, Camden, Atlantic, Cape May, Cumberland, Gloucester, Salem Counties

DISABILITY RELATED AGENCIES

Developmental Disabilities Council

The Developmental Disabilities Council is New Jersey's planning body for developmental disabilities. Members are appointed by the governor and approved by the New Jersey Senate. Members include people with developmental disabilities and parents or guardians; non-governmental service providers; and representatives from state agencies that provide services to people with developmental disabilities and their families.

The Council develops and monitors the State Plan for Services to People with Developmental Disabilities and administers the federally assisted Basic State Grant Program, and publishes People With Disabilities and Families Magazines.

Developmental Disabilities Council
P.O. Box 700
Trenton, NJ 08625-0700
(800) 216-1199 or (609) 292-3745
(TDD): (609) 777-3238
Fax: (609) 292-7144
Ethan B. Ellis, Executive Director
www.njddc.org

University Affiliated Program of New Jersey (UAP)

The University Affiliated Program of New Jersey is part of a national network of UAPs sponsored by The Administration on Developmental Disabilities, Administration for Children and Families, United States Department of Health and Human Services.

The mission of the UAPNJ is to strengthen the capacity of communities to increase the participation of people with disabilities in all aspects of community life.

Full participation includes exercising choice, developing and maintaining relationships, attending neighborhood schools, being meaningfully employed, and living interdependently in the community. Through partnerships, the UAPNJ facilitates the development of person and family centered supports. The UAPNJ serves as catalyst for these changes by providing interdisciplinary pre-service preparation of students and fellows, community training and technical assistance, the demonstration of exemplary community-based services and the dissemination of information and research findings.

University Affiliated Program of New Jersey
Elizabeth M. Boggs Center-UAP
355 George St. 3rd Floor, PO Box 2688
New Brunswick, NJ 08903-2688
(732) 235-9300 TDD: (732) 235-9328
Fax: (732) 235-9330
Deborah Spitalnik, Ph. D., Executive Director

COUNTY OFFICES FOR THE DISABLED

County Offices for the Disabled function as clearinghouses for information about programs and services, advocate for people with disabilities and provide technical assistance at a local level.

Atlantic County Office for the Disabled
1333 Atlantic Ave., Third Floor
Atlantic City, NJ 08401
(609) 343-2389
TDD: (609) 348-5551
Fax: (609) 343-2374
Kathy Quish, Director

Bergen County Division on Disability Services
One Bergen County Plaza, 2nd Floor
Hackensack, NJ 07601
(201) 336-6500
TDD: (201) 646-3726
Fax: (201) 489-9735
Jim Thebery, Director

Camden County Office for the Disabled
Camden County Administration Building
Lower Level, 600 Market Street
Camden, NJ 08102
(856) 225-5232
TDD: (856) 225-8889
Fax: (856) 225-5154
Robbie Friedner, Director

Cumberland County Office for the Disabled
1121 South Second Street
Millville, NJ 08332
(856) 825-8707
Fax: (856) 327-2086
David Grennon, Director

Essex County Office for the Disabled
160 Fairview Ave. Bldg. 37
Cedar Grove, NJ 07009
(973) 228-8230
TDD/Fax: (973) 228-/8278
Sally Goodson, Director

Gloucester County Office for the Disabled
Budd Boulevard Complex
Route 45 & Budd Boulevard, P.O. Box 337
Woodbury, NJ 08096
(856) 384-6980
TDD: (856) 848-6616
Fax: (856) 384-0207
Jackie Love, Director

Hunterdon County Office for People With Disabilities
County Office Bldg., P.O. Box 2900
Flemington, NJ 08822
Voice/TDD: (908) 788-1372
Fax: (908) 806-4204
Barbara Metzger, Disability Planner

Mercer County Office for the Disabled
Joyce McDade Administration Building
640 South Broad Street, P.O. Box 8068
Trenton, NJ 08650
(609)) 989-6468
TDD: (609) 989-6865
Fax: (609) 989-6032
Tom Shaw, Director

Middlesex County Office for the Disabled
Middlesex County Administration Building
JFK Square, 5th Floor
New Brunswick, NJ 08901
(732) 745-4013
Fax: (732) 745-3493
Tom Seilheimer, Director

Monmouth County Office for the Disabled
Hall of Records Annex,
1 East Main St.
Freehold, NJ 07728
(732) 431-7399
TDD: (732) 431-2066
Fax: (732) 431-7875
Alexander Buono, Executive Director

Morris County Office for the Disabled
100 Madison Ave., Box 60
Morristown, NJ 07960
Voice/TDD: (973) 971-4095
Fax: (973) 285-6713
Theodore Feigelman, Director

Ocean County Office for the Disabled
1027 Hooper Ave. Building 2 2nd Floor
Toms River, NJ 08754
Voice/TDD: (732) 506-5062
Fax: (732) 341-4539
Bonnie Kudrick, Office Manager

Salem County Offices for the Disabled
Salem County Inter-agency Council
98 Market Street
Salem, NJ 08079
(856) 935-7510
Fax: (856) 935-7747
Karen Rizzo-Richards, Coordinator

Somerset County Office for the Disabled
20 Grove St.
P.O. Box 3000, Somerville, NJ 08876-1262
(908) 231-7179
TDD: (908) 231-7168
Fax: (908) 707-4127
John Getsy, Director

Sussex County Office for the Disabled
County Administration Building
Forth Floor, Elizabethtown Plaza
Elizabeth, NJ 07207
Voice/TDD: (908) 527-4840
Fax: (908) 558-2652
Maureen Babula, Director

Union County Office for the Disabled
County Administration Building
Forth Floor, Elizabethtown Plaza
Elizabeth, NJ 07207
Voice/TDD: (908) 527-4840
Fax: (908) 558-2652
Charles Newman, Director

Warren County Office for the Disabled
162 E. Washington Ave.
Washington, NJ 07882
Telephone/TDD: (908) 689-6000 x 254 and
(888) 285-3036 Fax: (908) 689-8330
Debbie Potocki, Coordinator

NEW JERSEY SCHOOL-AGE CARE COALITION

NJSACC provides training and technical assistance to licensed school-age programs under a grant funded by New Jersey Department of Human Services.

More than half of New Jersey's families with children under 13 struggle with child care because the workday doesn't end when the school bell rings. The New Jersey School-Age Care Coalition, working with school-age care providers, schools, community groups and businesses throughout the state, creates safe, fun environments for youth and improves the quality of programs to meet the needs of working families and their children.

NJSACC
Diane Genco, Executive Director
231 North Ave. West, PM 363
Westfield, NJ 07090
(908) 789-0259
Fax: (908) 789-4237

NEW JERSEY'S CHILD CARE HEALTH CONSULTANT COORDINATORS

Funded by the New Jersey Department of Human Services, this important initiative reflects the commitment to create a system for health consultation in each county for child care programs serving infants and toddlers. With increasing demands for out-of-home child care, it is critical that New Jersey's child care providers have access to resources and services that promote and maintain the health and safety of our youngest children in child care.

A shared vision for the healthy development of infants and young children exists between child care providers, health care providers and families. This initiative is designed to enhance the quality of infant and toddler care in New Jersey for child care providers and the families they serve by integrating the activities and resources of the Infant-Toddler Quality Initiative in collaboration with existing community resources to promote health, safe, developmentally appropriate early care and education.

State Child Care Health Consultant
Judith Hall, MS, RN, CS
NJDHSS – Child Health Program
P.O. Box 364
50 East State Street, Sixth Floor
Trenton, NJ 08625-0364
(609) 292-5666 Fax: (609) 292-9288
Email: Judith.halledoh.state.nj.us

Child Care Warmline
Cindy Sickora, MSN, RN, Coordinator or
Renee Bevis, RN
Programs for Parents
20 Church Street
Montclair, NJ 07042
(973) 744-4050 ext. 1004
Fax: (973) 744-4613
Email: vsickora@aol.com

NJ First Steps Coordinator
Richard O. Titus, Director
The NJ Child Care Training Program
Educational Information & Resource Center (EIRC)
606 Delsea Drive
Sewell, NJ 08080-9199
(856) 582-7000 Fax: (856) 582-4206
Email: rtitus@eirc.org

Quality Infant/Toddler Initiative
Beverly Ranton, Child Care Administrator
Tina Crawford, Child Care Specialist
NJDHS – Division of Family Development
Child Care Operations Unit
6 Quakerbridge Plaza, 3rd Floor, P.O. Box 716
Trenton, NJ 08625-0716
(609) 588-2163 or (609) 588-2988
Fax: (609) 588-3051
Email: branton@dhs.state.nj.us
tcrawford@dhs.state.nj.us

Atlantic County
Eileen Mayer, RN, MSN
Child Care Network
201 Shore Road
P.O. Box 311
Northfield, NJ 08225
(609) 646-1180 ext. 602
Fax: (609) 645-8877
Email: eileencchcc@hotmail.com

Bergen County
Jean Lagomarsino, RN, MA
Bergen County Dept. of Human Services
Office for Children
One Bergen Plaza, 2nd Floor
Hackensack, NJ 07601-7076
(201) 336-7168
Fax: (201) 336-7155
Email: jlagomarsino@co.bergen.nj.us

Burlington County
Brenda Conover, MSN, RN, CPNP
Burlington County Community Action Program
718 South Route 130
Burlington, NJ 08016
(609) 261-8009
Fax: (609) 261-1030
Email: brenda.renner@edmail.com

Camden County
Ritamarie Giosa, RN, BSN
Camden County Division for Children
Jefferson House – P.O. Box 88
Lakeland Road
Blackwood, NJ 08012
(856) 374-5147
Fax: (856) 374-6394
Email: giosafh165@hotmail.com

Cape May
James Labree, RN
Educational Information & Resource Center
4005 Route 9 South
Rio Grande, NJ 08242
(609) 886-5164
Fax: (609) 886-6549
Email: jlabreern@edmail.com

Cumberland County
Leslie Daigle, RN, BSN
Tri-County Child Care Services
110 Cohansey Street
Bridgeton, NJ 08302
(856) 451-9593
Fax: (856) 455-0719
Email: idaigle48@hotmail.com

Essex County
Gwendolyn McDowell, RN, BSN
Programs for Parents
20 Church Street
Montclair, NJ 07042
(973) 744-4050, Ext. 1017
Fax: (973) 744-4613
Email: gwen@programsforparents.org

Gloucester County
Joy Bucci, RN
EIRC
606 Delsea Drive
Sewell, NJ 08080
(856) 582-8282 ext. 150
Fax: (856) 582-4714
Email: jbucci17@hotmail.com

Hudson County
Madeline Brown, RN, BS
Urban League of Hudson County
202-206 Central Ave.
Jersey City, NJ 07307
(201) 459-9999 ext. 143
Fax: (201) 459-9911
Email: RNCCHCC@hotmail.com

Hunterdon County
JoAnn Roesch, RN
NORWESCAP
63 Main Street, Suite 206
Flemington, NJ 08822
(908) 782-8183
Fax: (908) 782-3498

Mercer County
Holly Miller, RN
Child Care Connection
1001 Spruce Street, Suite 201
Trenton, NJ 08638
(609) 989-7770 ext 149 or (609) 586-9076
Fax: (609) 586-9076
Email: hollyccc@oal.com

Middlesex Counties
Christine Wasson, RN, BSN
Catholic Charities – Unified Child Care
319 Maple Street
Perth Amboy, NJ 08861
(732) 324-4357 ext. 119
Fax: (732) 826-4136
Email: cwasson@ccdom.org

Monmouth County
Patti Lucarelli, MSN, RN, CPNP
Child Care Services of Monmouth County
30 South St. Rear
P.O. Box 190
Freehold, NJ 07728
(732) 294-1894 ext. 302
Fax: (732) 294-1895
Email: palucarelli@yahoo.com

Morris County
Susan Gross, RN, BSN – Child Care Health Consultant
Child and Family Resources
855 Route 10 East, Suite 114
Randolph, NJ 07869
(973) 598-2106
Fax: (973) 927-0540
Email: sgrosscfr@worldnet.att.net

Ocean County
Dianne Burdette, RN, BSN
The Children's Home Society of NJ
761 River Ave., Suite B
Lakewood, NJ 08701
(732) 905-6363 ext. 132
Fax: (732) 905-4489
Email: diburdette@hotmail.com

Passaic County
Susan Smiley-Greene, RN
North Jersey 4C's
101 Oliver Street
Paterson, NJ 07501
(973) 684-1904 ext. 270
(973) 684-0468
Email: smileyrn@nj4c.com

Salem County
Monica Taylor, RN
Tri-County Child Care Services
14 New Market Street
Salem, NJ 08079
(856) 935-7123
Fax: (856) 935-0920

Somerset County
June Cuddihy, RN, CS, MSN
Catholic Charities
94 Grove Street
Somerville, NJ 08876
(908) 927-0869 ext 113
Fax: (908) 927-9653
Email: junecuddihy@hotmail.com

Sussex County
Gail Hicks, RN
NORWESCAP – CCRS
186 Halsey Road, Suite 1
Newton, NJ 07860
(973) 383-3461
Fax: (973) 383-8222
Email: ghicks_@hotmail.com

Warren County
Sherry Lawson, BSN, MSW
NORWESCAP
350 Marshall Street
Phillipsburg, NJ 08865
(908) 454-1078
Fax: (908) 454-3117
Email: sherryrn@yahoo.com
General email: ccrs_suswarhun@yahoo.com

Union County
Kathleen Brach, RN
Community Coordinated Child Care (4Cs)
225 Long Ave.
Hillside, NJ 07205
(973) 923-1433 ext. 141
Fax: (973) 923-1311
Email: mixednutz@hotmail.com

NEW JERSEY'S ASSOCIATION OF CHILD CARE RESOURCE & REFERRAL AGENCIES

Assistance in locating child care in your area and information finding child care for children with special needs.

Atlantic County
Child Care Network
211 Shore Road
P.O. Box 311
Northfield, NJ 08225
Attn: Beverly Gilbert
(609) 646-1180
Fax: (609) 645-8877

Bergen County
Bergen County Office for Children
One Bergen County Plaza, 2nd Floor
Hackensack, NJ 07601
Attn: Linda Kriegel
(201) 336-7150
Fax: (201) 646-2835

Burlington County
Burlington County CAP
718 South Route 130
Burlington, NJ 08016
Attn: Dee Gittens/Sharon Robinson
(609) 267-7674 & (609) 261-9222
Fax: (609) 261-8520 & (609) 646-2835

Camden County
Camden County Division for Children
Lakeland Campus
P.O. Box 88
Blackwood, NJ 08012
Attn: Phyllis Sanders/June McCoy-Koroma
(856) 374-6376
Fax: (856) 374-6394

Cape May County
EIRC-Southern Regional Child Care Resource Center
Social Services Building
4005 Route 9 South
Rio Grande, NJ 08242
Attn: Brenda Straughs
(609) 886-5164

Cumberland County
Tri-County Child Care Services
110 Cohansey Street
Court Plaza South, Room114W
Hackensack, NJ 07601
Attn: Linda Kriegel
(201) 646-3604
Fax: (201) 646-2835

Essex County
Programs for Parents, Inc.
33 Washington Street, 6th Floor
Newark, NJ 07102
Attn: Barbara Fedoroff
(973) 297-1114
Fax: (973) 297-1196

Gloucester County
ERIC-Southern Regional Child Care Resource Center
606 Delsea Drive
Sewell, NJ 08080
Attn: Beverly Ranton & Elmoria Thomas
(856) 582-7000
Fax: (856) 582-4206

Hudson County
Urban League of Hudson County
779 Bergen Avenue
Jersey City, NJ 07306
Attn: Alice Duplessis
(201) 451-8888
Fax: (201) 451-4158

Hunterdon County
NORWESCAP
63 Main Street, Suite 206
Flemington, NJ 08822
Attn: Monica Franke
(908) 728-8183

Mercer County
Child Care Connection
1001 Spruce St, Suite 201
Trenton, NJ 08638
Attn: Nancy Thompson
(609) 989-7770
Fax: (609) 737-7625

Middlesex County
Catholic Charities
319 Maple Street
Perth Amboy, NJ 08861
Attn: Michelle Suskind
(732) 324-4357
Fax: (732) 826-4136

Monmouth County
Child Care Services
30 South Street, P.O. Box 190
Freehold, NJ 07728
Attn: John Yaecker
(732) 462-5413
Fax: (732) 294-1895

Morris County
Child and Family Resources
855 Route 10 E., Suite 114
Randolph, NJ 07869
Attn: Kathleen C. Ross
(973) 927-6060
Fax: (731) 905-0540

Ocean County
CHS Child Care
761 River Ave., Suite B
Lakewood, NJ 08701
Attn: Barbara Gordon and Pete Buermann
(732) 905-6363
Fax: (732) 905-4489

Passaic County
North Jersey Community Coordinated Child Care
Agency, Inc., North Jersey 4C's
101 Oliver St.
Paterson, NJ 07501
Attn: Mary Ann Mirko
(973) 684-1904
Fax: (973) 684-0468

Salem County
Tri-County Child Care Services
14 New Market St.
Salem, NJ 08079
Attn: Lisa Ford
(856) 935-7950
Fax: (856) 935-0920

Somerset County
Catholic Charities of Metuchen
201 W. Camplian Road
Manville, NJ 08835
Attn: Tia Holt
(908) 725-1912

Sussex County
Northwest NJ Community Action
Program/NORWESCAP, Inc.
186 Halsey Road, Suite 1
Newton, NJ 07860
Attn: Sharon Giacchino
(973) 383-3461
Fax: (973) 383-8222

Union County
Community Coordinated Child Care
of Union County
225 Long Ave.
Hillside, NJ 07205
Attn: Pat Mennuti
(973) 923-1433
Fax: (973) 923-1311

Warren County
Northwest NJ Community Action
Program/NORWESCAP, Inc.
350 Marshall Street
Phillipsburg, NJ 08865
Attn: Sharon Giacchino
(908) 454-7000
Toll-Free (877) 661-4537

NEW JERSEY PROGRAMS AND SERVICES FOR CHILDREN

Aid to Families with Dependent Children (AFDC)
Financial Assistance for families with children
Contact county welfare offices

American Diabetes Association (NJ Affiliate)
(908) 725-7878 Day
(800) 562-2063 Day

Association for Retarded Citizens – New Jersey, Inc.
Services and advocacy for the mentally retarded and their families
(908) 246-2525

Child Health Program
Provides well child health care and immunizations
Contact your local municipality or
(609) 292-1723

Child Study Teams
A component of every school district
Contact you local Board of Education

CHILDFIND
Information on Early Intervention Service
(800) 322-8174

Cleft Palate Parent Outreach Program
(201) 977-2504

Community Health Law Project
Legal Rights
(201) 672-6050

Division of Youth and Family Services (DYFS)
Information on parent support/abuse/neglect of children
(800) 331-3937

Education Law Center
Information on Educational Rights for Children
(201) 624-1815

Epilepsy Foundation of New Jersey
(908) 238-5250

Hemophilia Association of New Jersey
(908) 238-5250

Hyacinth Foundation AIDS Project
(800) 433-0254

Learning Disabilities Association of New Jersey
(609) 822-4082

Mental Health Association in New Jersey
Resources for mental health services
(201) 744-2500

New Jersey Association for Children with Hearing Impairments
(609) 921-1290

New Jersey Foster Parents Association
(609) 599-4772

NJ Self-Help Clearinghouse
Information on mutual self help groups
(800) - FOR - MASH

Parents Anonymous
(609) 243-9779 or
HOTLINE 1 (800) 843-5437

Special Child Health Services (SCHS)
Case Management Unit, evaluation and intervention for children with disabilities
(609) 292-5676

Special Needs Involvement Project (SNIP)
Advocacy for parents of children with disabilities
(908) 544-9533 (call 3:30pm – 9:00pm)

Statewide Computerized Referral Information Program (SCRIP)
(800) 792-8858

ORGANIZATIONS SERVING PEOPLE WITH SPECIAL NEEDS

Alliance for the Betterment of Citizens with Disabilities (ABCD)
127 Route 206, Suite 18
Hamilton, NJ 08610
(609) 581-8375

Association for the Care of Children's Health
7910 Woodmont Ave., Suite 300
Bethesda, MD 20814
(301) 654-6549

Center for Outreach & Services for the Autistic Community (COSAC)
1450 Parkside Ave., Suite 22
Ewing, NJ 08638
Autism Help Line – 800-4-Autism
(609) 833-8100

Children and Adults with Attention Deficit Disorders (CHADD)
1859 N. Pine Island Rd., Suite 185
Plantation, Fl 33322
(856) 482-9051

Commission for the Blind/Visually Impaired
Mr. Donald Carugati, Coordinator
Mrs. Joan Ladyka, Supervision of Ed. Programs
153 Halsey St. P.O. Box 47017
Newark, NJ 07101
(973) 648-2783
Early Intervention and educational services, employment services, independent living skills, information/referral.
Metro/Northern Reg.Office: William Fagan, Ed. Sup.
(973) 648-2412
Central Reg. Office: Darlene Smith, Ed. Sup.
(732) 255-0903
Southern Reg. Office: Deaf Blind Services
Francine Serrao Educational Supervisor
(973) 648-2697

Division of Developmental Disabilities
Capital Center, P.O. Box 726
Trenton, NJ 08625
(609) 292-3742
Residential and habilitative services, community services include information/referral, case management, day programs, family support and alternative offices, living arrangements, public guardianships.

Division of the Deaf and Hard of Hearing
P.O. Box 074
Trenton, NJ 08625
Janyce McGill, Ed. Sup. (856) 757-2504
1-(800)-792-8339 or (609) 984-7281

Division of Vocational Rehab. Services
Labor Building CN 398
Trenton, NJ 08625
(609) 292-5987
Responsibilities include training & placement. Anyone of employable age with a work disability can apply for services at any of the division's district offices.

Down Syndrome Association of Central NJ
600 New York Ave.
Trenton, NJ 08625
(609) 695-4006 or
(609) 520-9276

Education Law Center, Inc.
155 Washington St., Room 209
Newark, NJ 07101
(973) 624-1815

Epilepsy Foundation of New Jersey
429 Riverview Plaza
Trenton, NJ 08611
(609) 392-4900

Family Voices – New Jersey
Coordinators: Lauren Agoratus
(609) 259-9392 (phone/fax)
Louise McIntosh
(908) 277-2883, (908) 277-1969
A network of families and friends speaking on behalf of children with special health care needs.

Human Services Online
NJ Dept. of Human Services
Office of Public Affairs
Publications and Media Unit
222 South Warren Street, CN 700
Trenton, NJ 08625
(609) 633-6854
Computer bulletin board available

Learning Resource Centers
North: (732) 414-4491
Northern Satellite: (973) 539-6346
Central: (732) 679-8252
South: (856) 582-7000
Provide information, services, material circulation services, consultation and production services

Muscular Dystrophy Association
1030 St. George Ave.
Plaza 35, Suite 303
Avenel, NJ 07001
(732) 750-2333

Muscular Dystrophy Association (South Jersey)
Glendale Executive Campus, Bldg. 504
1000 White Horse Road, Suite 504
Voorhees, NJ 08043
(856) 770-1225

National ARC/US
5100 National Court
Arlington, TX 76017-0692

National Association for the Deaf (NAD)
814 Thayer Ave., Suite 250
Silver Springs, MD 20910
(301) 587-1788

National Information Center for Children and Youth with Disabilities (NICHCY)
P.O. Box 1492
Washington, D.C. 20013

National Organization for Rare Disorders
100 Route 37 P.O. Box 8923
New Fairfield, CT 06912-1783
(203) 746-6518

New Jersey Coalition for Inclusive Education
c/o The University Affiliated Program of
New Jersey UMDNJ, Robert Wood Johnson
Medical School, Brookwood 11,
45 Knightsbridge Road, P.O. Box 6810
Piscataway, NJ 08855-6810
(908) 235-4447
Membership organization advocating for inclusive programs.

New Jersey Protection and Advocacy, Inc.
Justice Complex, CN 850
Trenton, NJ 08625
1-800-922-7233 or (609) 292-9742
Advocates and protects the rights of people with developmental disabilities.

New Jersey Self-Help Clearinghouse
1-800-367-6274
Provides information and referral regarding local, state and national self-help groups

NJ Spina Bifida Coalition
RWJ Rehab Institute, JFK Medical Center
98 James Street
Edison, NJ 08820
(732) 321-7010

Orton Dyslexia Society
265 Wyoming Drive
South Orange, NJ 07079
(908) 922-2126 National (800) ABC-D123
Resource (800) 792-8858 Information Program
(800) 792-8858 (voice/TDD)
Weekdays 9:30 a.m.- 4:30 p.m.
Information on more than 1700 agencies, cross-reference by services, target populations, and locations.

SPAN (State-wide Parent Advocacy Network)
35 Halsey St., 4th Floor
Newark, NJ 07102
(800) 654-7726 or (973) 642-8100
SPAN Resource Parents: available locally

The ARC NJ – Statewide
985 Livingston Ave.
North Brunswick, NJ 08902
(732) 246-2525

United Cerebral Palsy Association of New Jersey
110 Roosevelt Blvd., Suite 107
P.O. Box 884
Marmora, NJ 08223
(609) 392-4004

NEW JERSEY DISABILITY-SPECIFIC RESOURCES

Autism
New Jersey Center for Outreach and Services
for the Autism Community, Inc. (COSAC)
1450 Parkside Ave. Suite 22
Ewing, NJ 08638
(609) 883-8100
(800) 4-AUTISM
Fax: (609) 833-5509

Cerebral Palsy
United Cerebral Palsy Association of New Jersey
354 South Broad St.
Trenton, NJ 08608
(609) 392-4004
(888) 322-1918
Fax: (609) 392-3505
Northwest Regional Office: (908) 813-8292
Southern Regional Office: (609) 321-0220

Cross-Disability
Easter Seal Society of New Jersey, Inc.
1 Kimberly Road
East Brunswick, NJ 08816
(732) 257-6662
Fax: (732) 257-7373
www.easter-seals.org

Diabetes
American Diabetes Association
Northern NJ Chapter
Vantage Court North
200 Cottontail Lane
Somerville, NJ 08873
(732) 469-7979

Epilepsy
Epilepsy Foundation of New Jersey
429 River View Plaza
Trenton, NJ 08611
(800) 336-5843
(609) 392-4900
Fax: (609) 392-5621
www.efnj.com

Head Injury/Traumatic Brain Injury
Brain Injury Association of New Jersey
1090 King Georges Post Road
Suite 708
Edison, NJ 08837
(800) 669-4323
(732) 732-1132
www.bianj.org

Learning Disabilities
Learning Disabilities Association of NJ
P.O. Box 187
Oceanport, NJ 07757
(732) 571-1221

New Jersey Speech, Language and Hearing Association
170 Township Line Road
Belle Mead, NJ 08502
(908) 359-1184
www.njsha.org

Sensory Impairments
New Jersey Association of the Deaf-Blind, Inc.
24 K World's Fair Drive
Somerset, NJ 08873-1349
TTY: (732) 805-1912
Fax: (732) 805-3088

Spina Bifida
Spina Bifida Association of New Jersey
84 Park Ave.
Flemington, NJ 08822
(908) 782-7475
Fax: (908) 782-6102
www.sbaa.org

NEW JERSEY ADVOCACY RESOURCES

GENERAL

Alliance for the Betterment of Citizens with Disabilities (ABCD)
127 Route 206, Suite 18
Hamilton, NJ 08610
(609) 581-8375
Fax: (609) 581-8512

Association for the Advancement of Mental Health
819 Alexander Road
Princeton, NJ 08542
(973) 643-3876
Fax: (973) 643-9153

Association for Children of New Jersey
35 Halsey Street
Newark, NJ 07102
(973) 643-3876
Fax: (973) 63-9153

AMERICANS WITH DISABILITIES ACT (ADA)

Americans with Disabilities Act Technical Assistance Center
1 Empire St. Plaza, Suite 1001
Albany, NY 12223
www.disabilityact.com

EDUCATION

Statewide Parent Advocacy Network (SPAN)
35 Halsey Street, 4th Floor
Newark, NJ 07102
(800) 654-7726
(973) 642-8100
Fax: (973) 642-8080
Northern Regional Office: (201) 343-2009
Southern Regional Office: (856) 767-7774 x5

FAMILY SUPPORT CENTER

Epilepsy Foundation of New Jersey
35 Beaverton Blvd., Suite 8A
Brick, NJ 08723
(800) 372-6510
Fax: (732) 974-0940

LEGAL SERVICES

American Civil Liberties Union
35 Halsey Street, Suite 4B
Newark, NJ 07102
(973) 642-2084
www.aclu-nj.org

SUPPORT GROUPS

New Jersey Self-Help Clearinghouse
100 East Hanover Ave.
2nd Floor
Cedar Knolls, NJ 07927
(800) 367-6274
Fax: (973) 326-9467

NEW JERSEY LIBRARY RESOURCES

Library for the Blind and Handicapped
P.O. Box 501
2300 Stuyvesant Ave.
Trenton, NJ 08618
(800) 792-8322
(609) 530-4000 Fax: (609) 530-6384

Recording for the Blind and Dyslexic (RFB&D)
20 Roszel Road
Princeton, NJ 08540
(800) 221-4792
Fax: (609) 987-8116
www.rfbd.org

RIGHTS AND LAWS

New Jersey Protection & Advocacy, Inc.
210 South Broad Street, Third Floor
Trenton, NJ 08608
(800) 922-7233/(609) 292-9742
Fax: (609) 777-0187
TDD: (609) 633-7106
www.njpanda.org

NEW JERSEY TECHNOLOGY

New Jersey Coalition for the Advancement of Rehabilitation Technology (NJ-Cart)
Cerebral Palsy of New Jersey
354 South Broad Street
Trenton, NJ 08608
(609) 392-4004
TDD: (609) 392-7044
Fax: (609) 392-3505

Technology Assistive Resource Program (TARP)
CN 938
Trenton, NJ 08625
(800) DAIL-TEC
TDD (609) 292-8347

Tech-NJ
College of New Jersey Dept. of Special Education
P.O. Box 7718
Ewing, NJ 08628-0718
(609) 771-2308
www.technj@tcnj.edu

NATIONAL RESOURCES FOR SPECIAL NEEDS

Ability Online
(416) 650-6207 Fax: 416-650-5073
www.abilityonline.org
www.ablelink.org

Allergy and Asthma Network
Mothers of Asthmatics, Inc.
(800) 878-4403
Some materials are specific to child care
www.mothersofasthmatics.org

American Foundation for the Blind
(800) 232-5463
www.afb.org

Asthma and Allergy Foundation of America
(800) 7-ASTHMA
Now testing an asthma training curriculum for teaching child care providers about asthma.
www.aafa.org

Children & Adults with Attention Deficit Disorder (CHADD)
(800) 233-4050
www.chadd.org

Epilepsy Foundation of America
(800) 332-1000
www.efa.org

Learning Disabilities Association
(412) 341-1515
www.ldanatl.org

National Association of the Deaf
(800) 934-4889
www.nad.org

National Association for Parents of the Visually Impaired (NAPVI)
(800) 562-6265
www.napvi.org

National Association of People with AIDS
(202) 898-0414
www.napwa.org

National Asthma Education and Prevention Program
(301) 592-8573
Materials focus largely on the school-age child with asthma, but they are adaptable to younger children.
www.nhlbi.nih.gov/about/naepp/index.htm

National Autism Hotline
(304) 525-8014
www.autismservices.com

National Down Syndrome Society
(800) 221-4602
www.ndss.org

National Fragile X Foundation
(800) 688-8765
www.fragilex.org

National Information Center for Children & Youth with Disabilities (NICHCY)
(800) 695-0285
www.nichcy.org

National Library Services for the Blind and Physically Handicapped
(202) 707-5100
www.loc.gov/nls

National Organization for Rare Disorders (NORD)
(800) 999-6673 and (203) 746-6518
www.rarediseases.org

The Arc
(800) 433-5255
www.thearc.org

The National Heart, Lung, and Blood Institute
(301) 592-8573
www.nhlbi.nih.gov/health/public/lung/asthma

NATIONAL ORGANIZATIONS WITH CHILD CARE HEALTH & SAFETY RESOURCES

National Child Care Information Center
(800) 616-2242
www.nccic.org
The National Child Care Information Center (NCCIC) was established by the Child Care Bureau to complement, enhance, and promote child care linkages by serving as a central point for child care information. Activities include information dissemination and question and answer services on a wide range of child care-related topics. The NCCIC Web site features health and safety resources, and includes the full text version of the *Healthy Child Care America Blueprint for Action.*

National Resource Center for Health and Safety in Child Care
(800) 598-KIDS
http://nrc.uchsc.edu
The National Resource Center for Health and Safety in Child Care is located at the University of Colorado Health Sciences Center in Denver, CO, and is a federally-funded information source on health and safety in child care settings. The web site is a place to find not only the entire text of *The Caring For Our Children* and *Stepping Stones* standards for out-of-home child care programs, but also summaries of individual states' licensing regulations.

National Training Institute for Child Care Health Consultants
Ph: (919) 966-2622 Fax: (919) 966-7532
The University of North Carolina School of Public Health, in partnership with the Frank Porter Graham Child Development Center, has received a 3-year grant from the Maternal and Child Health Bureau to collaborate with several organizations to develop and implement a national training program for child care health consultants.

NATIONAL ORGANIZATIONS

Child Care Quarterly
Behavioral Publications
72 Fifth Ave.
New York, NY 10011

Closer Look
Box 1492
Washington, DC 20013

Council for Exceptional Children Information Center
920 Association Drive
Reston, VA 22091

National Information Center for Children and Youth with Disabilities
P.O. Box 1492
Washington, DC 20013
(202) 884-8200

Young Children
National Association for the Education of Young Children
1509 16th St. NW
Washington, DC 20036
(800) 424-2460

The Exceptional Parent
296 Boylston Street
3rd Floor
Boston, MA 02116

Zero To Three
National Center for Clinical Infant Programs
2000 N St. NW, Suite 200
Washington, DC 20036
(202) 638-1144

WEB SITE RESOURCES

Abeldata
www.abledata.com

Ability Online Support Network
www.ablelink.org

Alliance for Technology Access
www.ataccess.org
A network of community-based resource centers, developers and vendors dedicated to providing information and support services to children and adults with disabilities, and increasing their use of standard, assistive, and information technologies.

Children with Disabilities
www.childrenwithdisabilities.ncjrs.org

Circle of Inclusion
www.cirlcleofinclusion.org

Closing the Gap
www.closingthegap.com
Closing the Gap, Inc. is an organization that focuses on computer technology for people with special needs through its bi-monthly newspaper, annual international conference and extensive website. Search the annual resource directory online.

Council for Exceptional Children
www.cec.sped.org

Down Syndrome Web Page
www.downsyndrome.com

Edvantage Media, Inc.
www.edvantagemedia.com

Family Support Center
www.iser.com/FSC.NJ.html
Family Support Center provides access to information on specific disabilities, health problems, diseases, family support resources, services and programs.

IDEA
www.ideapractices.org/regs/TOCpartC.htm
You can view and print the full regulations for Part C of IDEA.

Internet Resources for Special Children
www.irsc.org
This site offers valuable information for parents, family members, caregivers, friends, educators, and medical professionals that interact with children who have disabilities.

Kid Stuff
www.members.aol.com/disablen2/ChildrenFable/Children.html
Part of the Complete Disability Network, this page connects children to fairy tales, games and other activities for children with disabilities.

National Early Childhood Technical Assistance System
www.nectas.unc.edu
This is the site for the National Early Childhood Technical Assistance System. They provide training and technical assistance to Part C and 619 of Part B (3-5) year old program. This site provides information on many areas including evaluation/assessment, autism, service coordination, and inclusion. The next two sites are extensions from this site.

National Information Center for Children and Youth with Disabilities
www.nichcy.org
Excellent resource web site with easy to understand publications on numerous facets of parenting a child with special needs.

National Parent to Parent Support and Information
www.npsis.org

NJ Early Intervention Collaborative
www.njeis.org
This website was created by the regional early intervention collaboratives in New Jersey. There is basic information on each collaborative and the Transition Handbook is available here.

Parenting the Special Needs Child: General Resources
www.childparenting.about.com/parenting/childparenting/msub9.htm
www.babyparenting.about.com/parenting/babyparenting/msubmenu_special.htm

Part C Directory
www.nectas.unc.edu/contact/ptcoord.html
This site will provide you with a list of the names, addresses and telephone numbers of the Part C systems in each state. This could be used when families are moving from NJ to another state.

Portage Model
www.portageproject.org
This site offers information on the Portage Model. It includes information on activities and services offered through the Portage Project in Wisconsin.

State-by State Early Intervention System
www.nectas.unc.edu/pubs/pdfs/nnotesk.pdf
This site will provide a list of the eligibility criteria for each state's early intervention system. You must have Adobe Acrobat to download this file. Adobe Acrobat is available free of charge as a download. This list of eligibility requirements is also available from your REIC.

Statewide Parent Advocacy Network (SPAN)
www.spannj.org

The Arc's Home Page
www.thearc.org

The Cornucopia of Disability Information
http://codi.buffalo.edu
Well-organized, comprehensive collection of links to disability web sites.

The Sibling Support Project
www.chmc.org/departmt/sibsupp/
A national program dedicated to the interest of brothers and sisters of people with special health and/or developmental needs.

The Family Village (For Families Who are Living with a Child's Disability)
www.familyvillage.wisc.edu
This site integrates information, resources, and communication opportunities on the Internet for persons with cognitive and other disabilities.

PHONE DIRECTORY

American Cancer Society	(800) 227-2345
Association of Birth Defects Children	(800) 313-2232
Autism Society of America	(800) 328-8476
Council for Exceptional Children	(888) 232-7733
Cystic Fibrosis Foundation	(416) 485-9149
Exceptional Parent Magazine and Resource Guide	(877) 372-7368
Magic Foundation for Children's Growth	(800) 362-4423
National Down Syndrome Society	(800) 221-4602
National Organization of Parents of Blind Children	(410) 659-9314
National Parent to Parent Support and Information Services	(800) 827-1092
Spina Bifida Association of America	(800) 621-3141
United Cerebral Palsy Association	(800) 872-5827

NATIONAL DISABILITY-RELATED GROUPS/INFORMATION

Alexander Graham Bell Association for the Deaf, and Hard of Hearing Inc.
3417 Volta Place, NW
Washington, DC 20007, (202) 337-5220

American Academy of Child Psychiatry
1800 R. Street NW, Suite 904
Washington, DC 20009

American Diabetes Association
149 Madison Ave.
New York, NY 10016, (212) 725-4925

American Foundation for the Blind
11 Penn Plaza
New York, NY 10001, (212) 502-7600

American Heart Association
73320 Greenville Ave.
Dallas, TX 75231

Architectural and Transportation Barriers Compliance Board (Access Board)
1331 F. St., NW., S-1000
Washington, D.C. 20004-1111
(202) 272-5434
TDD: (202) 272-5449

Arthritis Foundation
Administrative Offices
122 E. 42nd St., 18th Floor
New York, NY 10168
(212) 984-8700

Birth Defect Research for Children
930 Woodcock Road, Suite 225
Orlando, Florida 32803
(407) 895-0802

Candlelighters Childhood Cancer Foundation
1312 18th St. NW, 2nd Fl
Washington, DC 20036

Cystic Fibrosis Foundation
2250 N. Druid Hills Road, Suite 275
Atlanta, GA 30329
(404) 325-6973

National Association for the Education of Young Children (NAEYC)
1509 16th St. N.W.
Washington, D.C. 20036
(202) 232-8777
www.naeyc.org

National Hemophilia Foundation
116 W. 32nd St.
New York, NY 10001
(212) 328-3700

National Information Center for Children & Youth with Disabilities
P.O. Box 1492
Washington, D.C. 20013-1492
(800) 695-0285 (202) 884-8200
Fax: (202) 884-8441
www.nichcy.org

National Retinitis Pigmentosa Foundation
8331 Mindale Circle
Baltimore, MD 21207

National Society for Children and Adults with Autism
1234 Massachusetts Ave., NW
Suite 1017
Washington, DC 20005

Orton Dyslexia Society
724 York Road
Baltimore, MD 21204

Public Access Section
Civil Rights Division
U.S. Dept. of Justice
950 Penn Ave. NW
Disability Rights Section - NYAU
Washington, D.C. 20530
(800) 514-0301 TTY: (800) 514-0383
(202) 514-6193 (electronic bulletin board)

Spina Bifida Association of America
343 South Dearborn Ave.
Suite 317
Chicago, IL 60602

United Cerebral Palsy Association
66 East 34th St.
New York, NY 10016
(212) 448-0620

SIBLING SUPPORT INFORMATION

The National Association of Sibling Programs (NASP) is a coalition of family members and professionals who share an interest in the well-being of brothers and sisters of people with special needs. The primary goal of NASP is to act as a network for programs serving brothers and sisters across the United States and Canada. NASP publishes the NASP Newsletter, which features activities, program descriptions, and other information of interest to providers of programs for siblings.

National Association of Sibling Programs (NASP)
The Sibling Support Project
Children's Hospital and Medical Center
PO Box C5371, CL-09
Seattle, WA 98105

The Sibling Support Project
A national program dedicated to the interest of brothers and sisters of people with special health and/or developmental needs.
www.chmc.org/departmt/sibsupp/

Other Curricula on Programs for Siblings of Children with Special Needs

Burton, S. (1991). KIDPOWER: A leader's guide for conducting Kidpower groups. Moscow: Idaho Center on Developmental Disabilities.

Lobato, D.J. (1990). Brothers, Sisters, and Special Needs: Information and Activities for Helping Young Brothers and Sisters of Children with Chronic Illnesses and Developmental Disabilities. Baltimore: Paul H. Brookes Publishing Co.

Morgan, F. (Ed.). (1992). The Pittsburgh Sibling Manual. Pittsburgh: Easter Seal Society of Allegheny County.

Nollette, C. (1985). Autism…a family affair: A curriculum for use with siblings of special needs children. Minneapolis: Minneapolis Children's Medical Center.

ABOUT THE AUTHOR

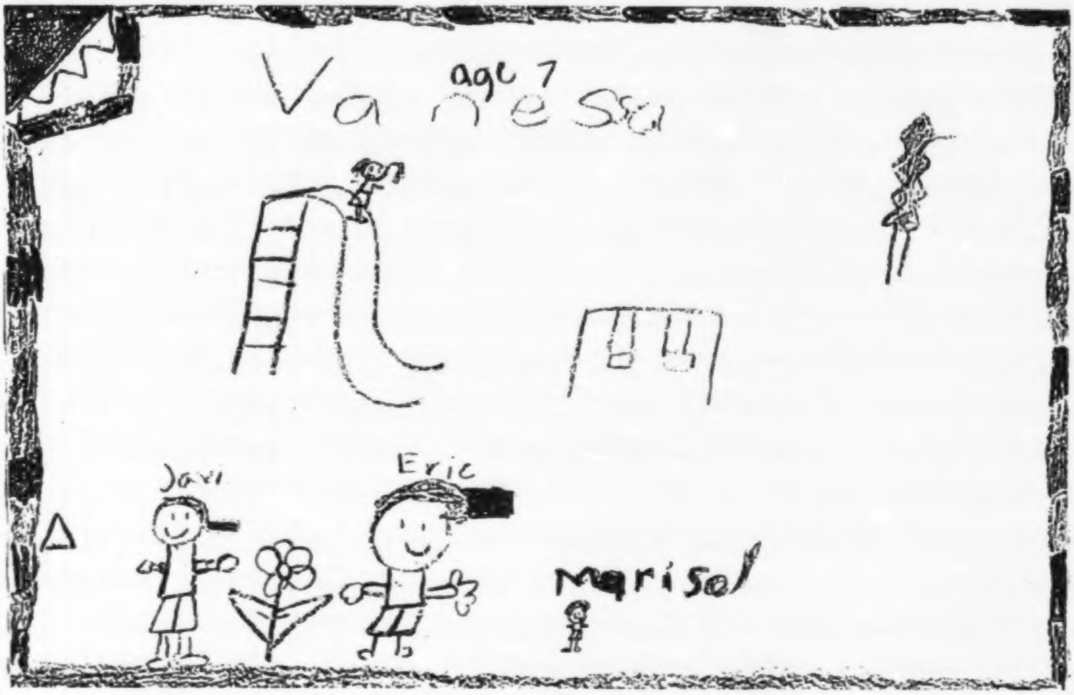
Cynthia Newman, MSW, LCSW

Cynthia Newman is Director of Mid-Jersey Regional Early Intervention Collaborative, a program of the Central New Jersey Maternal and Child Health Consortium, funded by the NJ Department of Health and Senior Services.

She is a consultant to the child care community on inclusion and for many years, has had the privilege of working with children with special needs and their families. Cynthia has a bachelor's degree in Social Work and English from Seton Hall University and a master's degree in Social Work from Rutgers the State University of New Jersey. She is a licensed clinical social worker, family therapist and has post graduate training at the Ackerman Institute, NYC and The Family Institute in N.J. Cynthia was also an adjunct professor at Rutgers Graduate School of Social Work.

In addition, Cynthia is a child/family advocate and worked on the passage of the Catastrophic Illness in Children's Relief Fund, Medically Needy Legislation and the first School Age Child Care Legislation in the state. Cynthia maintains a consulting and family therapy practice in Union County, New Jersey.

Cynthia's most impressive credential is having been a single parent, raising two children, one with special needs. What all this means is that at this point in her career and life cycle, she should know what she is talking about!



Artwork by Vanessa, age 7

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SPECIAL NEEDS, SUCCESSFUL INCLUSION

A Guide to Planning Community Activities for Children with Special Needs

A child with special needs has the same rights as other children:

- The right to be accepted
- The right to have friends
- The right to participate in their community
- The right to be the best they can be

Families with children with special needs have the same hopes and dreams for their child that all families share. Families want community activities for their children in their home towns that include child care programs, Mommy & Me classes, library story hours, religious and sporting activities.

This guide offers families and community programs practical, hands-on information about:

- Who children with special needs are
- How to offer successful inclusion and why inclusion benefits all
- A little history about individuals with disabilities
- Especially for Families section
- Information on the Americans with Disabilities Act (ADA) as it applies to children
- Child Planner – guided questions and sample forms
- Child care options
- Extensive special needs resource/referral section with NJ local, regional and statewide information
- National organizations, advocacy groups, publications, and websites

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